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Managing the Second Front:
MACV's Response to Drug Abuse, 1965-1973

by

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Managing the Second Front:
MACV's Response to Drug Abuse, 1965-1973

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University of Nebraska, 2002

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Involvement in Vietnam challenged American military leaders in many difficult ways, and not all of them involved the first front, which included a determined adversary and dealing with an inept, corrupt ally. Composing the *second front*, internal disciplinary problems, of which drug abuse was most problematic, at times came close to shattering the Army's ability to be an effective combat force on the first front. The following study of Military Assistance Command Vietnam's (MACV) drug abuse policy in Southeast Asia from 1965-1973 not only unveils the magnitude of the drug abuse problem, but also provides insights into MACV's command effectiveness in attacking the problem.

The most important lesson that MACV did not understand until too late was that drugs were *a danger to the Army* from a combat effectiveness perspective. During the first period (1965-1967), *the front beyond the battlefield* allowed young soldiers to develop an acceptance for drug abuse. Then during the *transition* years (1968-1969), obvious drug abuse signals were recognized, but MACV's commanders did not think the reported drug abuse was yet a significant problem and, worse, they did not know how to deal with it. Finally, during MACV's withdrawal (1970-1973) the Army began managing drug abuse *by the numbers* and MACV was, therefore, not proactively leading

with flexible drug abuse policies or programs, but merely creating the impression that it is was effectively handling this second front.

Previous research on this topic is inadequate and needs a fresh analysis. The following study relies on primary documents available at the National Archives in Collegé Park, Maryland and the United States Army Center for Military History at Fort McNair, Washington DC.

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Abbreviations

AWOL	Absent Without Official Leave
BNDD	Drug Attaché
CID	Criminal Investigation Division
DAHC	Drug Abuse Holding Center
DCC	Drug Control Center
DEFT	Drug Education Field Team
DEROS	Date of Expected Return from Overseas
DOD	Department of Defense
DRC	Drug Rehabilitation Center
DTC	Drug Treatment Center
GVN	Government of Vietnam
JCG	Joint Customs Group
JNID	Joint Narcotics Investigation Detachment
LN	Local National
LOD	Line of Duty
LSD	Lysergic Acid Diethylamide
MACV	Military Assistance Command, Vietnam
MP	Military Police
MR	Military Region
NCO	Non-Commissioned Officer
NP	South Vietnamese National Police

NVA	North Vietnam Army
PM	Provost Marshal
PSD	American Public Safety Directorate
RVN	Republic of Vietnam
R&R	Rest and Relaxation
SJA	Staff Judge Advocate
TIP	Turn-in-the-Pusher Program
USARV	United States Army, Vietnam
USPACOM	United States Pacific Command
VC	Viet Cong (Vietnamese Communists)

Introduction

Involvement in Vietnam challenged American military leaders in many difficult ways, and not all of them involved the first front, which included a determined adversary and dealing with an inept, corrupt ally. Composing the *second front*, internal disciplinary problems, of which drug abuse was most problematic, at times came close to shattering the Army's ability to be an effective combat force on the first front. The following study of Military Assistance Command – Vietnam's (MACV) drug abuse policy in Southeast Asia from 1965-1973 will not only reveal the magnitude of the drug abuse problem, but also provide useful insights into MACV's command effectiveness. Because Army soldiers abused drugs more than any other Service in Vietnam, they received the most

significant attention, but even existing research provides limited insight into the handling of their illegal substance abuse.¹

Most historical works divide drug abuse into two periods: the preliminary years from around 1965-1968 and the second from 1968 onward when many paint a gloomy picture of rampant drug abuse, "fraggings," and significant discipline and morale problems. However, first suggested in a 1975 paper, three distinct periods existed: 1965-1967, a period of relatively high cohesion and morale; 1968-1969, a transitional period of mixed cohesion, demoralization, and increasing drug abuse; and 1970-1972, a period with widespread breakdowns in troop discipline.² While this paper examined only

¹ Sources offer a wide perspective on this topic. While the mass media blamed drug abuse on the United States Army, other works including, Alfred W. McCoy's The Politics of Heroin in Southeast Asia, (New York: Harper and Row, 1972), blamed Vietnamese officials, including South Vietnamese officers, for American substance abuse. Accusing American Army commanders for drug abuse, sources like James F. Dunnigan and Albert A. Nofi's Dirty Little Secrets of the Vietnam War, (New York: Thomas Dunne Books, 1999) lack adequate analysis to substantiate their claims. On the other hand, Douglas Kinnard in The War Managers, (Hanover: Published for the University of Vermont by the University Press of New England, 1977) interviewed 173 Army generals and revealed many important insights into their command perspectives. His concentration on leadership, however, does not devote significant space to in-country drug reduction programs. A third category of secondary and primary sources developed significant insights or presented an accurate analysis, but rarely both. These sources do not accurately present MACV's varied responses in theory as well as practice because they are brief articles appearing in scholarly and military journals. The best source available is the BDM Corporation's A Study of Strategic Lessons Learned in Vietnam, Volume VII: The Soldier, (McLean: BDM Corporation, 1979-1980) published under contract from the United States Army War College in April 1980. While useful, this work skims over many details before jumping to laundry lists of lessons learned. Countless other sources are available, but either lack sufficient space to treat the topic adequately or do not focus on events relevant to drug abuse. They discuss a range of topics including CIA operations, drug trafficking in Southeast Asia, and drugs' lasting effects on troops who returned to the United States after abusing drugs during their Vietnam tour. Specific examples respectively include Alfred W. McCoy's "A Correspondence with the CIA," New York Review of Books (September 21, 1972, p. 26ff), Frank Browning and Banning Garrett's "The New Opium War," in Ramparts (May 1971, pp. 32-39), and Lee N. Robbins in "How Permanent was Vietnam Drug Addiction?," American Journal of Public Health (December 1974, pp. 38-43).

² "Soldiers in and after Vietnam," The Journal of Social Issues, vol 31, no 4, 4 November, 1975.

American combat soldiers, the time periods it offered are more useful from an historical perspective.

Drug abusers in Vietnam were not the Army's first encounter with troops indulging in mind-altering substance abuse.³ Alcohol, which was a less severe problem, caused the Army's leadership to establish controls many years prior to Vietnam. Moreover, drugs' long history provided many lessons that, had MACV learned from them, it would have helped its policies and programs be more effective. Of these lessons, the most important that MACV did not learn was that drugs were *a danger to the Army* from a combat effectiveness perspective. During the first period (1965-1967), *the front beyond the battlefield* allowed young soldiers to develop an acceptance for drug abuse. Then, during the *transition* years (1968-1969), obvious drug abuse signals were recognized, but MACV's commanders did not think the reported drug abuse was yet a significant problem and, worse, they did not know how to deal with it. Finally, during MACV's withdrawal (1970-1973), the Army began managing drug abuse *by the numbers* and MACV was, therefore, not proactively leading with flexible drug abuse policies or programs, but merely creating the impression that it was managing this second front.

Only after the problem reached epic proportions in Vietnam did elected officials and Congressional committees exert intense pressure on MACV to address drug abuse effectively and to prevent abusers returning, along with their habit, to the United States. MACV considered itself a special case exempt from external policies, and after the troop withdrawal program began in mid-1969, the Pacific Commander granted it exemptions to

³ For the purposes of this study, drug abusers were anyone who used illegal drugs, specifically marijuana and heroin, but not alcohol. Addicts, who habitually used illegal drugs, were a subset of abusers.

mandatory drug policies. Despite the external pressure, MACV never created an adequate, consistent policy or program for controlling the drug demand or supply or punishing and rehabilitating offenders. Drug abuse called for consistent and proactive leadership, while allowing flexibility among subordinate unit commanders who knew their soldiers better than high-ranking leaders. MACV's lack of strong leadership set up lower-ranking commanders for failure, worsening the already strained relationship between young single-term soldiers and their commanders. As a result, only a few commanders successfully handled drug abuse in their commands.

Drug abuse appeared in several forms throughout Southeast Asia. When inadequate security presented the opportunity, some soldiers abused even controlled substances such as morphine. More dangerous, however, were the marijuana and heroin abusers, which signaled a more serious discipline problem. These problems deserve critical analysis because non-combat casualties, insubordination, murders of officer and NCOs, and other related problems were more frequent in units with a higher percentage of drug users. In Vietnam, this abuse indicated command-wide mistakes, which, had they been corrected, would have reduced other discipline problems.

Previous research is inadequate in three respects and calls for a fresh analysis. Although several "classified" military reports and closed Congressional hearings are still unavailable for public examination, many newly released sources are available, such as annual MACV progress reports and command histories. Further hampering researchers' efforts, but protecting personal information, the Privacy Act of 1974 requires the sanitization of many documents, delaying their release. Third, previous writers have not examined the problem from a neutral perspective nor have they looked at the best

primary sources. Doing so addresses errors by MACV commanders that are useful for today's military leaders, as well as historians.

Chapter One

A Danger to the Army

Tracing pre-Vietnam use and attempted controls of mind altering substances reveals a long and diverse history. Without understanding this history, appreciating the Military Assistance Command – Vietnam's drug abuse policy would be impossible. Had MACV studied and understood the broader international and national control efforts, especially the Army's own history with substance abuse, it might have learned six valuable lessons. These lessons demonstrated the best way to reduce drug abuse was to create a healthy command environment of mutual respect and to require officers and senior non-commissioned officers (NCO) to act professionally, set a good example, and treat drug abuse seriously.

First, MACV might have learned that even though drugs appeared in ancient times, and sometimes proved helpful, drugs were *a danger to the Army*, and detrimental to discipline and effective operations.

Throughout history people have harnessed the power of mind-altering drugs. For example, opium induced states of intoxication during Asian religious rites in the 3rd Century B.C., while Native American warriors used peyote to prepare for battle. Chinese emperor Shen Neng used marijuana for common ailments including gout, constipation, and "absentmindedness."¹ Twelve hundred years later, the Egyptians began using opium. Inducing sleep and relieving pain during the Greco-Roman period, opium spread rapidly. Europeans later developed it as a treatment for hysteria, an escape from boredom and loneliness, and a means to allay foreboding and despair.²

European expansion was not responsible for American substance use, as one might suspect. Before the Columbian Exchange, Native Americans in Mexico were using a mind-altering derivative of the peyote cactus during religious ceremonies. Kiowa and Comanche tribes in North America developed a religion around peyote in the 19th Century that spread throughout the surrounding area.³ Meanwhile, physicians in American colonies used opium as a therapeutic agent. Within a short time, it was the primary addiction problem in the United States. Compounding the problem were the developments of morphine and codeine in the early 1800's. Invented in 1843, the hypodermic needle was a significant factor influencing narcotics' spread and addiction. During the Civil War, it helped countless soldiers receive morphine and relieve the pain of battle injuries. Developed in 1874, heroin (modified morphine) was first used to cure

¹ "Brief History of Drug Abuse," p. A-1; USARV Drug Plans and Programs Branch, General Records, Box 1; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

² Ibid.

³ Sam D. Gill, Native American Religions: An Introduction, (Belmont: Wadsworth Publishing Company, 1982), p. 167.

morphine addiction. Unfortunately, the more-difficult-to-break heroin addiction occurred even faster than morphine dependence.⁴

Marijuana was known in China nearly 5000 years ago. Imported to the United States from Mexico through New Orleans, it inspired the Marijuana Tax Act of 1937. It would be years before the Federal Government controlled its production, sale, and transportation. Legally available in the 1930's, marijuana was the most popular drug among Americans. Choosing between domestic and imported marijuana, users found imports were several times more potent than their domestic counterparts.⁵

The popularity of barbiturates (sedatives) and amphetamines (stimulants) increased rapidly following their discovery. Over 1500 barbiturate derivatives, which contain barbituric acid, followed the acid's 1903 development. Amphetamines, synthesized in 1927, spread among drug users and created widespread abuse opportunities.⁶

A few years later, in the 1930's, several Swiss pharmaceutical associates produced lysergic acid diethylamide (LSD). Studies failed to determine a reasonable scientific use, but by 1960 LSD was an established American drug culture ingredient. During the Vietnam War years, many thought LSD was declining in popularity after its 1967 peak, which gave experts and the military confidence that education alone was enough to reach and deter potential drug users.⁷ Without an effective LSD test, LSD received less attention than many other drugs.

⁴ "Brief History of Drug Abuse," p. A-1.

⁵ Ibid, pp. A-1, A-2.

⁶ Ibid, p. A-2.

⁷ "Brief History of Drug Abuse," p. A-2.

Despite increasing Congressional legislation and corresponding Army regulations, American soldiers continued to use habit-forming drugs. In 1918, drug abuse was becoming a significant and noticeable problem. The Army's Surgeon General warned the Adjutant General, "the illicit use of narcotic drugs prevails to a considerable extent in the Army" and that "This vice is a menace to military efficiency, and...calls for immediate and thorough measures of repression."⁸

Many MACV officers who denied drugs' negative effects, only needed to read a 1944 American Medical Association article. Two medical officers conducted a study at an Army hospital in California, revealing the hostile and destructive tendencies Army marijuana addicts had demonstrated. Besides self-mutilation and suicide attempts, addicts were a major problem to their Army units. Users failed to respond to disciplinary measures or perform their duties, disrupted their organization's morale, and demonstrated uncontrollable aggression.⁹

The second lesson MACV had the potential to learn was that previous drug control efforts occurred at three different levels: international, national, and Army, all with limited success. Controlling abused drugs became a major international and national struggle as several countries realized the negative effects drugs had, including addiction and death. Drug production and transportation was an international business. The United States knew Turkey, Yugoslavia, Bulgaria, Afghanistan, Greece, Japan, Russia, Persia, China, and India produced opium. Even though China produced an

⁸ Memorandum from the U.S. Army Surgeon General to the Adjutant General, "Drug addicts in the Army," February 6, 1918; AS-SEA-RS-315c; The U.S. Army Center of Military History; Fort McNair, DC.

⁹ U.S. Treasury Department Bureau of Narcotics, "Traffic in Opium and other Dangerous Drugs for the Year ended December 31, 1944," Government Printing Office, 1945, pp. 12-13; AS-SEA-RS-352b; The U.S. Army Center of Military History; Fort McNair, DC.

estimated 90 percent of the world's opium, imports to America were primarily from Turkey and Yugoslavia. Production in Asia was not a significant American problem until the Vietnam War.¹⁰

Meeting four times between 1909 and 1914, opium commissions were the first international efforts. Most notable was the 1912 Hague Opium Convention.¹¹ Thirteen countries, including the United States, promised to pass laws and regulations that controlled raw opium's production and distribution. Each country agreed to prevent opium exports to countries that prohibited its entry. Moreover, they were to implement strict measures limiting morphine, cocaine, and similar drugs to legitimate purposes.¹² Attempting to suppress the international opium trade with a global partnership was an innovative breakthrough. Remaining in effect for decades, the Convention's provisions were the foundation of international control. However, in practice, countries took advantage of the agreement's loopholes. For instance, it did not include specific manufacturing limitations. Without precise regulations restricting production, the agreement did not become truly effective.¹³

To close these loopholes, later meetings followed with the League of Nations' and Geneva Convention's sponsorship. In certain ways, the 1925 Geneva Drug Convention and 1931 Narcotics Limitation Convention reinforced and built upon the Hague Convention. They again encouraged countries to pass laws restricting drug availability. Perhaps most importantly, the 1925 and 1931 meetings addressed the Hague

¹⁰ Ibid, pp. 5-6.

¹¹ "Historical Outline of Federal Narcotics Legislation," p. 1; AS-SEA-RS-479; The U.S. Army Center of Military History; Fort McNair, DC.

¹² Ibid.

¹³ Ibid, pp. 3-4.

Convention's misguided assumption that production limiting laws within each country would force a reduction in drug supplies to levels necessary only for medical and scientific applications. During the Hague Convention, delegates thought world-wide restrictions were an ineffective measure because halting illegal drugs was impossible. These two later agreements proposed international controls that controlled manufacturing within each country in the hopes of lowering production until output and stockpiles dropped. Their new opinion was that only an international agreement that limited drug manufacturing would control supplies.

Attempts to control production and exports continued to have little effect, and a growing drug trade inspired the Geneva Drug Convention. Implementing an authorization system to approve imports and exports based on a country's forecasted legal drug need did not diminish smuggling opportunities. Issuing certificates to drug importers, the Permanent Central Opium Board, created by the Geneva Drug Convention, tracked drug stockpiles and sent a warning when a country had too many drugs.¹⁴ Creating a Swiss headquarters and a Washington DC office, the Board tried to be an international success. Despite genuine efforts and massive drug seizures, it never stopped smugglers throughout World War II.¹⁵

Calling for relief from drug smugglers and suffering from futile national attempts to stop drug abuse, the United States suggested new international measures. As a result, in 1931 forty-nine countries signed the Narcotics Limitation Convention and shut down

¹⁴ Ibid, pp. 3-4.

¹⁵ U.S. Treasury Department Bureau of Narcotics, "Traffic in Opium and other Dangerous Drugs for the Year ended December 31, 1944," Government Printing Office, 1945, p. 14; AS-SEA-RS-352b; The U.S. Army Center of Military History; Fort McNair, DC.

several European factories responsible for most illicit traffic.¹⁶ Adopting a Narcotic Protocol in 1948, the United Nations asked the World Health Organization to lead opium control efforts. It began regulating all uncontrolled synthetic narcotics.¹⁷ Reducing supplies remained a major paradigm, but, as in the international community, it continued to prove ineffective for MACV when it encountered endless Asian supplies.

American drug laws more often responded to than preempted drug abuse problems, which went largely unchecked prior to 1914. In 1875, increasing opium use among the Chinese population compelled San Francisco to pass America's first anti-opium law. Backfiring, the law inspired even more Chinese-American "opium dens." Seven years later, New York also attempted to restrain the drug's popularity among Chinese-Americans and passed an opium control law.¹⁸ Meanwhile, morphine and codeine were sold over the counter without restrictions. Individual moral responsibility was the only restraining factor preventing addiction, but rarely proved effective.

Recognizing the growing trends of abuse, Congress acted gradually. As opium received international attention, Congress approved legislation on February 9, 1909 that prohibited importing smoking opium.¹⁹ Passing this law before the 1909 International Opium Convention was held in Shanghai, America sent a powerful message: it was a drug control forerunner. However, the act was not Congress' first opium legislation.

Targeting opium revenue, Congress had already initiated laws addressing opium imports and domestic producers. These 1890 laws levied an eight dollars per pound

¹⁶ "Historical Outline of Federal Narcotics Legislation," p. 4.

¹⁷ "Brief History of Drug Abuse," p. A-1.

¹⁸ S. W. Walker, "The Narcotics Laws – National and International," p. 1; AS-SEA-RS-479b; The U.S. Army Center of Military History; Fort McNair, DC.

¹⁹ Ibid.

morphine import tax, while smoking opium received a larger twelve dollars per pound hit. Instituting these levies, which continued in effect until 1914, had little effect. Moreover, Congress allowed only American citizens to manufacture opium and required licenses starting at \$100,000.²⁰ While Congress expected these measures to stop opium smokers and dealers, its efforts were unsuccessful.

Congress continued its supply reduction efforts. Implementing international agreements limiting opium use to legitimate purposes, Congress passed the 1914 Harrison Narcotics Act. While the law helped establish an occupational tax on those engaged in the narcotics business, it did little to decrease demand or supply. Similar laws marked the following fifteen years.

Enforcing these laws was an inconsistent endeavor. Since the Bureau of Internal Revenue was responsible for enforcing tax law, it created a Narcotic Section in 1915. By 1920, its mismanaged agents had little enforcement effect. Muddled and unorganized enforcement efforts were commonplace and should have provided valuable insights into the difficulty of enforcing drug related policies to the military leadership establishing MACV's drug control efforts. In another example following the 1914 Harrison Narcotic Act, the United States responded to the opium commissions and, in 1930, created the Bureau of Narcotics.²¹ Falling under the Treasury Department, it administered laws relating to narcotics trafficking.

New approaches to the drug issue surfaced in Washington. Passing an act on January 19, 1929, Congress created two Federal institutions to confine and treat narcotic addicts. A year later, it approved severe punishments for anyone who brought narcotic

²⁰ Ibid.

drugs into Federal penal or correctional institutions. Then, in 1931, new legislation required the deportation of convicted aliens who violated any Federal narcotic drug legislation.²²

During World War II, the Bureau of Narcotics proposed a law limiting the accessibility of paregoric, an alcoholic preparation with opium and camphor used to relieve pain. It suggested requiring users to obtain a physician's prescription before purchasing such potent solutions. States adopting the proposal had a significant drop in paregoric consumption. Maryland alone had a one year decrease of 776 gallons for this "by the spoonful" prescription.²³

Taking aggressive steps to control trafficking went beyond legislation; by 1944, raw opium seizures mostly occurred at Atlantic coast ports. That year, 137 Atlantic opium seizures secured 210 pounds or 91 percent of the total confiscated. Evidence suggested non-citizens were responsible for most smuggling efforts. Of the raw opium seized, nearly all came from Indian or Iranian manufacturers destined to become smoking opium.²⁴ Despite a variety of efforts and knowing where the drugs were coming from, even strict laws coupled with serious enforcement measures only demonstrated limited effectiveness in reducing drug abuse.

Another lesson showed MACV that given the many types of drugs available, "abused" drugs are difficult to classify, but was necessary to understand the different types of mind-altering substances and was also the first step in preventing drug abuse. Experts used three major classification systems based on a drug's affect on the body, its

²¹ "Brief History of Drug Abuse," p. A-1.

²² Walker, p. 2.

²³ U.S. Treasury Department Bureau of Narcotics, p. 12.

medical use, and government classifications. Without consistently using one system, American military leadership complicated its drug control efforts. Different drug definitions and categories confused young soldiers, inspired cynicism among the troops, and characterized MACV's initial laissez-faire drug policy. Together, the drug categories reflected a spectrum of opinions regarding drugs and their negative affects, and the challenge drugs presented to leaders and policy makers. Had the military used one unified system, its programs might have earned a higher success rate.

Two categories, "narcotics" and "dangerous drugs," separated drugs into how they influenced the human body. Narcotics dulled the senses, induced sleep, and included opiates such as morphine, codeine, and heroin, along with cocaine and marijuana. All remaining substances were dangerous drugs and were further split into three classes. The first two classes, used widely for medicine, were central nervous system stimulates and depressants. Hallucinogenic drugs, without a medicinal use, compromised the third class.²⁵

A second classification system divided drugs into "illicit" and "legitimate" depending on their medical use. Hallucinogens and heroin were illicit drugs because they were not considered essential to medical practice. Essential or legitimate drugs included morphine, codeine, and even marijuana.²⁶

The third classification system revolved around governmental efforts to categorize drugs. For example, during Vietnam, a drug abuse pamphlet defined five categories of drugs: Narcotics or Opiates (morphine); Depressants and Sedatives

²⁴ Ibid, p. 15.

²⁵ Ibid, p. A-2.

²⁶ Ibid.

(barbiturates); Tranquilizers (which relieve tension without impairing mental and physical functions); Stimulants (amphetamines and cocaine); Hallucinogens (LSD and marijuana).²⁷

MACV's fourth lesson was that even with scientific testing, drug abuse was hard to identify, and determining the prevalence of drug abuse could often be even more difficult. Existing evidence implies, however, that it became progressively more widespread as the 20th Century progressed.

As drug abuse spread, doctors were often the first to discover an addicted soldier. Captain R.M. Blanchard, a doctor in 1913, found over thirty soldiers inhaling a morphine powder ("Happy Dust"). Several days after reporting to Fort Strong, Massachusetts, Blanchard examined a soldier who displayed curious gastric symptoms: nausea, vomiting, abdominal cramps, and a fever. After a few days of observation, the soldier admitted to using "Happy Dust" and turned in the other abusers. One soldier began the abuse chain after purchasing a 50-cent prescription from a Chinese doctor and buying 100 pills for 75 cents. Then, he returned to his unit and profited by selling the pills. Forming a "Happy Dust Society," he continued introducing his and other units to the drug. Blanchard, who considered future Army incidents highly improbable, warned Army medical officers in an effort to eradicate the drug problem.²⁸

Warning signs of drug abuse existed long before a problem received command attention. After arriving at Fort Strong, Blanchard prescribed a heroin-containing medication. The dispensary NCO warned Blanchard that several enlisted men were

²⁷ Ibid.

heroin addicts and suggested it was a bad idea to prescribe similar prescriptions. Despite hearing rumors that addicted soldiers were on post, the NCO did not report his suspicions. Moreover, during a later inquiry, the company's First Sergeant (the ranking NCO responsible for discipline) successfully named a number of his troops whom he suspected and were eventually discovered using drugs.²⁹ Regardless of his suspicions, he took no action. Evidence suggests drug abuse became an epidemic in every unit with soldiers – leaders and followers – who failed to turn in abusing buddies.

Drug abuse estimates often depended on who was offering the evidence. Sending a letter to the American Commissioner to the Joint International Opium Commission in 1908, the Adjutant General wrote that nothing except an "occasional" morphine addiction demonstrated his soldiers used opium derivatives.³⁰ Exposing newsworthy issues, reporters provided a different perspective. Drawing top Army leaders' attention, two years later a reporter from the San Francisco Call printed a report that 40 percent of local soldiers were using opiates.³¹ Trying to snuff the ensuing inquiries, the commanding officer wrote that he thought the sensational story had no foundation.³²

While the nation tried to fill wartime Army ranks, drug use remained problematic. During World War I, estimates suggested as many as 90 percent of the country's drug

²⁸ R. M. Blanchard, "Heroin and Soldiers," The Military Surgeon, vol 23, no 3, September 1913; AS-SEA-RS-394a; The U.S. Army Center of Military History; Fort McNair, DC.

²⁹ Ibid.

³⁰ Memorandum from the Adjutant General, to Hamilton Wright, July 7, 1908; AS-SEA-RS-313; The U.S. Army Center of Military History; Fort McNair, DC.

³¹ "Opium Grave Menace to Local Army," San Francisco "Call," August 29, 1910; AS-SEA-RS-320c; The U.S. Army Center of Military History; Fort McNair, DC.

³² Memorandum from the Headquarters Presidio of San Francisco, Col Clarence Deems.

addicts were draft age.³³ A warning was sent predicting 500,000 addicts would enter the military. At the time, drug addicts received draft exemptions. Critics complained the policy encouraged draft age men to abuse drugs. A committee, created to make draft policy recommendations, arrived at the same conclusion and suggested ending addicts' exemption. Instead, it wanted to turn addicts into "good soldiers" through a rehabilitation program following detoxification.³⁴ By May 1, 1919, out of 72,323 men rejected for mental and nervous diseases, only 3,284 were drug addicts, far below the half-million man estimate.³⁵ Believing drug abuse, which was a menace to military efficiency and effectiveness, prevailed in the Army, the Surgeon General asked to begin prosecutions under the 96th Article of War.³⁶ The Secretary of War approved his request.³⁷

Signaling a growing drug abuse trend, the World War II and pre-Korean War eras provided subsequently greater challenges. One in 10,000 Selective Service registrants was a drug addict during World War II.³⁸ Problems with drug addicted draftees would only worsen. Just a few years later, prior to the Korean War, that rate jumped to 3.5 per

³³ Memorandum to the Surgeon General, "Drug Addiction," January 31, 1918; AS-SEA-RS-314b; The U.S. Army Center of Military History; Fort McNair, DC.

³⁴ Ibid.

³⁵ Lawrence Kolb and A. G. Dumez, "The Prevalence and Trend of Drug Addiction in the United States and Factors Influencing it," Public Health Reports, May 23, 1924, pp. 1179-1204; AS-SEA-RS-314a; The U.S. Army Center of Military History; Fort McNair, DC.

³⁶ Memorandum from U.S. Army Surgeon General U. C. Gorges, to the Adjutant General, February 14, 1918; AS-SEA-RS-315b; The U.S. Army Center of Military History; Fort McNair, DC.

³⁷ Memorandum from the Assistant Chief of Staff, to Adjutant General, "Drug Addicts in the Army," March 9, 1918; AS-SEA-RS-315a; The U.S. Army Center of Military History; Fort McNair, DC.

³⁸ Selective Service System Medical Statistics Bulletin no. 2, "Causes of Rejection and Incident of Defects" (table), August 1, 1943, p. 31; AS-SEA-RS-314c; The U.S. Army Center of Military History; Fort McNair, DC.

10,000.³⁹ Determining the difference between actual and suspected addicts continued to challenge the Army. In 1953, H.J. Anslinger, the Commissioner of Narcotics, recommended detaining alleged drug addicts for 48 hours to verify addiction prior to releasing them from their draft obligation.⁴⁰ Without widespread drug tests, the Army had to treat suspects the same as addicts.⁴¹ Even though legal issues forced officials to end the practice of confining suspected abusers, the policy should have inspired further inquiries during the late 1960's.

A fifth lesson MACV might have learned was that when local military leaders realized subordinates were using drugs, they often implemented their own local and unique control efforts instead of reporting the problem to higher headquarters. Drug control policies found that individual Army leaders, who often disagreed to the extent drug abuse prevailed, executed their own drug fighting ideas. Fort Sam Houston's 2nd Squadron, 3rd Cavalry initiated a more frequent, weekly pay period in 1914 trying to discourage hedonistic, undisciplined spending bursts following monthly payday. Instead of decreasing minor courts-martial, AWOLs (Absent Without Official Leave), and

³⁹ Office of the Surgeon General, Medical Statistics Division, "Prevalence of Drug Addicts Among Selective Service Registrants, World War II and 1948 Selective Service Act," February 21, 1951; AS-SEA-RS-479; The U.S. Army Center of Military History; Fort McNair, DC.

⁴⁰ Letter from H. J. Anslinger, The Commissioner of Narcotics, to the Surgeon General, 1943; AS-SEA-RS-332; The U.S. Army Center of Military History; Fort McNair, DC.

⁴¹ Message from LTC Ralph N Hase, to American Forces in Asia, November 12, 1953; AS-SEA-RS-339; The U.S. Army Center of Military History; Fort McNair, DC.

drunkenness convictions, these problems nearly doubled by the third month.⁴² Following the trial period, the commander ended the experiment.⁴³

Beginning in 1910, a minority movement of officers who thought drug abuse was a problem but not widespread, tried forming an 'ideal Army.' It would transform all officers and enlisted into drug and alcohol abstainers. Citing the mass of court trials that drug abuse inspired, the initiative went so far as proposing an Army Regulation change. Each abstaining soldier would receive promotion preferences and form unit level abstinence societies.⁴⁴ Mounting opposition by Army General Officers killed the abstinence movement. Several suggested the idea was impractical, and at least one commented it would be detrimental to the military and discipline.⁴⁵

Demonstrating the localism prevalent in drug control efforts, in November 1916, the United States Army in the Panama Canal Zone tried to force abstinence upon soldiers who abused drugs even after the "ideal Army" concept had failed elsewhere. After discovering a substance-abusing soldier, commanders required him to sign an abstinence pledge, agreeing to stop using all drugs and alcohol. However, despite their innovative effort, this approach proved ineffective and was eventually discontinued.⁴⁶

⁴² Report to the Commanding General, Southern Department from the Department Judge Advocate, July 20, 1914; AS-SEA-RS-379a; The U.S. Army Center of Military History; Fort McNair, DC.

⁴³ Memorandum from the Chief of the Mobile Army Division, to the Chief of Staff, August 21, 1914; AS-SEA-RS-379b; The U.S. Army Center of Military History; Fort McNair, DC.

⁴⁴ Memorandum from the Assistant to the Chief of Staff, Brig Gen Tasker Bliss, to the Assistant Secretary of War, March 19, 1910, pp. 1-4; AS-SEA-RS-387a; The U.S. Army Center of Military History; Fort McNair, DC.

⁴⁵ Memorandum from the Adjutant General, to Brig Gen Aaron S. Doggatt, March 23, 1910; AS-SEA-RS-387b; The U.S. Army Center of Military History; Fort McNair, DC.

⁴⁶ Memorandum from the U.S. Army Adjutant General, to the Commanding General Panama Canal Department, Canal Zone, May 9, 1922; AS-SEA-RS-366; The U.S. Army Center of Military History; Fort McNair, DC.

After December 1914, when Congress outlawed unregistered opium or coca leaf possession, military members no longer needed Army regulations that defined drug abuse punishments. Soldiers violating Federal law were subject to court-martial under the 96th Article of War.⁴⁷ However, as Major General Tasker Bliss noted, a crime that invoked an extreme punishment was often not formally recognized. Instead, officers opted to handle the situation "in-house."⁴⁸ Since most soldiers considered courts-martial an inappropriate punishment for drug abuse, they failed to enforce established policy.

Finally, historical evidence might have taught MACV that the best way to deal with drug abuse was not self-evident, and was further complicated by tensions between those who wanted to rehabilitate abusers instead of punishing them. Army policies confronting discipline lapses began during the Revolutionary War. Legislating discipline, the Continental Congress passed an act in January 1778 penalizing soldiers who were culpable for their own hospitalization.⁴⁹ Physicians collected a significant monetary penalty from each venereal disease patient (officers paid ten dollars and enlisted members four). Serving a double purpose, the fee deterred promiscuousness while it purchased blankets and shirts for sick, hospital-bound soldiers.

Over 130 years later, the Army went back to Congress requesting updated legislation, punishing incapacitated soldiers. While Congress had never rescinded laws punishing culpable soldiers, by 1911 the Army had failed to enforce existing laws. Listing incapacitating problems such as drug addiction, venereal disease, and alcoholism,

⁴⁷ Memorandum from the U.S. Army Judge Advocate General (E. H. Cowder).

⁴⁸ Memorandum from Assistant to the Chief of Staff (Major General Tasker Bliss), to the Chief of Staff, p.1, January 31, 1917; AS-SEA-RS-368; The U.S. Army Center of Military History; Fort McNair, DC.

the Army's Surgeon General recommended obtaining Congressional authority to stop pay again.⁵⁰

Without an exigent motivation, Congress waited a year to pass appropriate legislation. Then, before implementing the legislation, the Army's leadership had to approve the necessary regulation changes. Proposed by the Surgeon General on August 19, 1912, the change required soldiers incapacitated due to misconduct (drug abuse, alcohol abuse, incurrence of a non-duty-related injury or disease) to forfeit pay during their absence.⁵¹ Only the soldier's company commander, Army surgeon, and commanding officer needed to agree on the incapacitation's cause. Without a unanimous agreement, a commander would form a three-officer board to resolve the conflict. If the commander disagreed with the board's finding, the next higher commander would solve the dispute. Without burdensome, lengthy processing, the Army created a practical, enforceable method deterring and punishing reckless behavior.

Abuse reduction programs varied as much as the substances they sought to counter. Statistics leave no doubt that the Army encountered significant abuse problems during its history. Trying to reduce alcoholic-related hospital admissions in 1885, which averaged in the 39th percentile, the army restricted base stores to selling only light wines and beers. The base commander could take further supply-restricting steps, such as

⁴⁹ Memorandum from the Headquarters Presidio of San Francisco, Col Clarence Deems, CC Coast Artillery Corps, August 30, 1910; AS-SEA-RS-320b; The U.S. Army Center of Military History; Fort McNair, DC.

⁵⁰ "Indorsement" from the War Department, Surgeon General, to the Adjutant General, February 11, 1911; AS-SEA-RS-320a; The U.S. Army Center of Military History; Fort McNair, DC.

⁵¹ Memorandum from the War Department, Surgeon General, August 19, 1912; AS-SEA-RS-309c; The U.S. Army Center of Military History; Fort McNair, DC.

prohibiting all alcohol sales, as well. During the following two years, admissions decreased 25 percent.⁵²

Despite a few successful policies, efforts reducing drug or alcohol supplies were often ineffective. Commanders noticed a marked increase in discipline problems following a 1901 law banning post exchanges from selling alcohol. During the following six months, 75 percent of the commanders reported increasing drunkenness. AWOL cases doubled and at some posts tripled. Before the law took effect, 1429 saloons were within one mile of American military posts. After enactment, 119 new saloons replaced the 89 closed post canteens and supplied a growing demand. Moreover, not one commander said the law improved his unit's health.⁵³

Marginal issues also detracted from meaningful drug-reduction programs. Reports speculating *Coca-Cola* contained cocaine, while true at one time, sparked a military inquiry. Finding no cocaine, the Assistant Surgeon General suggested banning the drink from post canteens for containing caffeine and nearly 2 percent alcohol.⁵⁴

Aggressive anti-cocaine programs showed remarkable dedication to find and prevent cocaine's spread. However, before implementing a policy, the first step was detecting the problem. In 1914 the military realized cocaine, which paralyzed senses and motor skills, significantly impaired a soldier's performance.⁵⁵ Despite attempts to create

⁵² Memorandum from the U.S. Army Assistant Surgeon General, to Dr W. T. Parker, Asylum Station, Essex County, Massachusetts, November 1, 1898; AS-SEA-RS-309a; The U.S. Army Center of Military History; Fort McNair, DC.

⁵³ Memorandum from the Adjutant General's Office, February 15, 1901, pp. 1-3; AS-SEA-RS-369b; The U.S. Army Center of Military History; Fort McNair, DC.

⁵⁴ Memorandum for the Acting Secretary of War, from V. Havard, Acting U.S. Army Surgeon General; June 28, 1907; AS-SEA-RS-312; The U.S. Army Center of Military History; Fort McNair, DC.

⁵⁵ W. B. Meister, "Cocainism in the Army," *The Military Surgeon*, April 1914, vol 34, no 4, p. 350; AS-SEA-RS-394b; The U.S. Army Center of Military History; Fort McNair, DC.

an accurate urine test, finding cocaine users was a significant enforcement barrier. As a result, the Army resorted to isolating suspected drug addicts and waiting for withdrawal symptoms.⁵⁶

Exploring new techniques in the early 20th Century, the military compiled seven ideas to stop cocaine's spread. Denying enlistments to addicts would end the practice of hiring addicted troops. The Army needed to isolate promptly and discharge addicted soldiers. Third, the military surveyed, or spied on, civilians who had military contacts. While surveillance found many drug dealers, the resulting privacy violations drew significant negative attention. Fourth, concentrating on enlisted men, medical officers presented cocaine's effects during standard medical lectures. Some ideas suggested harnessing the Army's ability to influence public opinion. Other ideas only emphasized creating more stringent laws. Finally, the most practical and effective idea suggested that commanders needed to address drug use personally and seriously with their subordinates.⁵⁷

Army drug treatment programs, thought to be ineffective, received marginal attention compared with policies that targeted troop discipline and drug abuse enforcement. Publishing a 1914 article entitled "Cocainism in the Army," W.B Meister suggested that the military was able to treat cocaine symptoms. However, effectively treating the physical habit was more elusive. He suggested only isolation could break the habit, and even then the addicts would normally relapse. Revealing an important insight into military drug abuse, he continued that an addicted soldier "is truly a loss as well as a

⁵⁶ Ibid.

⁵⁷ Ibid.

danger to the Army.”⁵⁸ It would later become apparent that the best programs combined a genuine concern for an abuser’s health, a sincere rehabilitation effort, and consistently escalating recidivist punishment.

From ancient Asian dynasties to the modern day battlefield, drugs remained a useful instrument to many leaders, but were eventually abused within the military to the point of significantly hampering battlefield effectiveness. Historically, the military met the drug control challenge with increased vigilance and innovative policies and its efforts provided valuable drug control insights to future generations. MACV had a rich history available regarding drug abusers’ treatment, identification, and rehabilitation. With limited success, international, national, and Army efforts suggested drug abuse required constant innovation, flexibility, and attention. Had MACV appreciated – discovered the “secret” – of this previous history’s importance, its initial efforts to manage the *second front* of the Vietnam War might have been much more effective.

⁵⁸ Meister.

Chapter Two

The Front Beyond the Battlefield

Drug abuse during MACV's build-up in Vietnam (1965-1967) was worse than many Army leaders admitted. Delaying the first step to recovery – admitting a problem existed – MACV did not recognize existing drug abuse and the problems it caused *beyond the battlefield*. Postwar histories devote specific attention to widespread drug abuse during the drawdown after 1969, but ignore this critical build-up and escalating drug abuse period. Entrenched in the Army's culture in Vietnam, drug abuse before 1968 set the stage for a wider a more dangerous drug problem. These early years offered MACV the only opportunity to recognize and preempt this more acute drug abuse. However, MACV concentrated on "managing," instead of leading, the fight against drug abuse. "Managers" adhere to rigid instructions while leaders tend to remain flexible, adapting to their changing environment, and are not afraid to initiate new and unique

solutions to their potential challenges. MACV's disjointed organization, along with its failure to take appropriate action despite rising drug abuse rates and its apparent sole reliance on the military justice system, reveal MACV's inability to overcome the early drug abuse challenge.

Every military organization needs a mission, and MACV was no exception. MACV existed to assist the Government of Vietnam (GVN) in defeating the insurgent Viet Cong and the North Vietnam Army (VC/NVA) forces, who were expanding their control throughout the Republic of Vietnam (RVN). Becoming an allied headquarters in 1965, MACV conducted operations in Vietnam – a major theater – while it coordinated multinational forces, continued to serve the diplomatic mission, and maintained an operational headquarters for U.S. Army, Air Force, Navy, and Marine units. The United States command divided Vietnam into four tactical corps zones, each of which had considerable autonomy. Despite MACV's broad purpose, its complex organizational structure thus created a framework that lacked the ability to coordinate and unify policies from one MR to the next.

Lacking appropriately defined lines of command, the entire command organization in the Pacific inhibited an effective drug abuse program (see Appendices A, B, and C).¹ For example, in 1966, MACV's commander, General William C. Westmoreland, became the commander of both the United States Army Vietnam (USARV) and MACV. Spreading his attention thin, these dual responsibilities resulted in neglecting some issues. Among many other responsibilities, he coordinated and

¹ If the reader finds these three charts confusing, it was because MACV's organization was confusing. While MACV's organization remained, for the most part, the same during the conflict, these charts reveal MACV's complex organization.

administered the Army's Vietnam military justice system, but drug abuse trends went unnoticed at senior levels, where the Army's commanders were more interested in managing the body count than being leaders who devised innovative new policies that might have stemmed the tide. For example, in 1966 alone, Army discipline problems signaled a monstrous trend: courts-martial increased six fold.² Paying no attention to this growing problem, Westmoreland told the president in the fall of 1966 that, "no armed forces anywhere, at any time, commanded by any Commander in Chief, were up to the group we have in Vietnam."³ Moreover, his extensive notes, taken for the most part daily during this period, never mentioned the drug problem or corresponding discipline problems.⁴ Beyond the battlefield, MACV lacked the coordination among allied forces and American military units and, thus, the concomitant insight necessary to create an aggressive and effective program to arrest the growing drug abuse problem.

Internally, by 1967, three component commands, four subordinate commands, and several advisory groups assigned to MACV provided logistical, administrative, and technical support. For instance, providing the most support, USARV controlled the US Army forces conducting combat and combat support activities. USARV was the only component group that MACV operationally controlled and, as a result, had a significant impact on its drug policies. It commanded other important organizations including the Naval Advisory Group, the III Marine Amphibious Force, and the Air Force Advisory Group (7th Air Force). However, the real challenge came as each Service retained

² Maj Gen George S. Prugh, Law at War: Vietnam 1964-1973, (Washington DC: U.S. Government Printing Office, 1975), p. 154.

³ White House Press Release, "Remarks of the President and General Westmoreland at a luncheon at the White House East Room," 28 April 1967; The U.S. Army Center of Military History; Fort McNair, DC.

operational control of its own operations. For example, the 7th Air Force conducted its operations independent of MACV through coordination, instead of clear command lines (see Appendices A, B, and C). Moreover, first-hand accounts reveal that the confusing command lines were "frequently ignored."⁵

Although MACV thought it needed no assistance and, at a minimum, felt the external ideas were burdensome, the command structure forced it to listen to and respond to suggestions, orders, and inquiries from other commands, even if it had no intention of changing its own policies.

As a result of American command structures crisscrossing Vietnam, no position or person appeared to be accountable for drug abuse. Presidential directives, Congressional inquiries, Department of Defense (DOD) policies, United States Pacific Command (USPACOM) suggestions, and the Services' ideas influenced MACV's drug abuse policies. For instance, early in the war concerned parents were quick to send handwritten letters to the President and their Congressional representatives.

Stationed in Vietnam, their sons observed drug abuse, among other discipline problems, first hand. Specialist Rick Loffler, a draftsman and supply clerk in the 36th Signal Battalion, wrote home that, "Some [of the guys] are high on marijuana." Not only were his peers high on marijuana, but marijuana abuse "is widespread here." He was quick to calm any fears that he was involved by adding, "I haven't touched it and don't consider it essential for a blast."⁶

⁴ William C. Westmoreland's "History Notes," and his "COMUSMACV Diary," 1965 - 1969, both available at The U.S. Army Center of Military History; Fort McNair, DC.

⁵ Otto J. Lehrack, No Shining Armor: The Marines at War in Vietnam: An Oral History, (University Press of Kansas, 1992), p. 378.

⁶ SP/4 Richard Loffler, Letter dated 8 February 1967, in Bernard Edelman, ed, Dear America: Letters Home from Vietnam, (New York: Pocket Books, 1985), pp. 153-4. However,

After reading their sons' letters, parents queried their elected officials wondering what the officials were doing to stop the problem and protect their boys. In turn, MACV had to explain what it was doing to fix the problem. However, the multiple command structures were not taking the situation seriously and, thus, paid only lip-service to these external inquiries and suggestions.⁷

MACV's second grave problem was its unwillingness to recognize drug abuse. Mirroring America's gradual involvement in the war, drug abuse went largely unnoticed among MACV's senior commanders. Overconfident, MACV was blinded by the Army's high morale, increasing troop strength, supplies, support, and attention. As a result, it made few preparations to develop officer and enlisted corps education programs, methods to identify drug abusers, and rehabilitation facilities.

Years later, at the drug abuse peak, MACV tried to divert blame for the mistakes it made during this period. MACV would come to blame Aldous Huxley's 1954 work, The Doors of Perception, and Heaven and Hell (1954), for inspiring many young people to experiment with drugs. Criticized for encouraging drug users, Huxley's mystical and hedonistic journey outlined drugs' supposed benefits in phrases such as "the man who comes back through the door in the wall will never be the same as the man who went out.

not everyone agreed that drug abuse was a problem, as it likely was not in every command nor seen by high-ranking officers. Captain John Ripley, a career Marine who served in Vietnam 1966-1967, and 1972, wrote, "everything [the general public has] seen in print or in picture is radically...inaccurate...in all of 1967, I never saw any marijuana. I never saw any drugs" (undated, in Otto J. Lehrack, pp. 360-361).

⁷ Several parents' letters, Congressional requests for more information from MACV, and MACV's responses exist in the USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

He will be wiser but less cocksure, happier but less satisfied.”⁸ Huxley was not alone, however. With the help of Timothy Leary and Allan Ginsberg, he formed a 1960 youth love-sex-drug-ecstasy movement, which Leary’s The High Priest (1964) documented.⁹

Despite MACV attempts to divert the blame, drug use among soldiers did not increase following Huxley’s or Leary’s work, but by early 1965 it was proliferating among America’s youth. Younger adults established a drug abuse pattern: marijuana, passed along from person-to-person, was a predecessor to LSD, amphetamines, barbiturates, and opium use. At least one estimate concluded that 7 percent of susceptible youth started using marijuana every month.¹⁰

MACV’s own statistics revealed how it perceived the drug problem. From 1965 to 1967, very few surveys, subordinate unit reports, or command summaries depicted the drug abuse situation. Of those that did, they revealed to military commanders a growing drug problem. As a result, reasonable assumptions were that this era’s numbers are understated when compared with later statistics and that MACV did not emphasize drug abuse identification and treatment during its first several years.

One 1967 marijuana survey provided a command-wide drug abuse perspective and a typical abuser’s snapshot. Representing 3.2 percent of the departing troop population, 628 randomly selected enlisted men in the highest at risk category, E-2 to E-6, participated in a survey revealing that about 68 percent had never used or tried

⁸ Hardin B. Jones, “Report on Drug Abuse in the Armed Forces in Viet Nam,” (Assistant Director of Donner Laboratory, Professor of Medicine, Physics, and Physiology, University of California Berkeley), 15 November 1971; USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

⁹ Aldous Huxley, The Doors of Perception, and Heaven and Hell, (New York: Harper and Row, 1956 reprint), p. 79. Other notable phrases are found on pp. 55, 65-67, 73-74, and 79; Timothy F. Leary, The High Priest, (New York: World Publishing Co., 1968 reprint).

marijuana in Vietnam. On the other hand, 22 percent were casual users and another 7 percent were heavy abusers.¹¹ Of the total sample, 19 percent tried drugs for the first time during their Vietnam tour. The survey suggested that another 12 percent first used drugs in the United States, and that they encouraged their buddies (the 19 percent who first used drugs in Vietnam) to try drugs.¹² This early survey demonstrated that marijuana's wide availability was not the sole reason for drug's growing popularity. At least some drug abusers transplanted their habit from the United States to Vietnam, *not* the other way around.

Average drug abusers did not fit contemporary stereotypes. Popular culture forms, including the movies Platoon (1986) and Dead Presidents (1995), depicted drug addicts as young, racial minorities who hated authority figures and the War. However, in 1967, a typical marijuana user was a single, 22-year-old Caucasian Protestant who, drafted following high-school graduation, was a low ranking enlisted man on his first tour. Moreover, a drug abuser felt satisfied with his duties and could have been a member of a combat or support unit.¹³

MACV's own briefing slides, compiled from unit reports, depicted a significant increase in military drug offenders. It identified 100 more users in 1966 than the 465 that it discovered the previous year. Despite popular opinion, the most significant wartime increase occurred in 1967, when drug offenders skyrocketed 300 percent. While the

¹⁰ Hardin B. Jones.

¹¹ Due to rounding error, these three percentages add up to 97 percent.

¹² Major Nelson's Briefing, undated, (Nelson was a Psychiatrist and the Commander of the 935 KO team which was 1 of 2 Neuropsychiatric Specialty Treatment Centers in Vietnam); USARV Drug Plans and Programs Branch, General Records, Box 7; and "AVHGA SM Talking Paper: Drug Situation in USARV," undated; USARV Drug Plans and Programs Branch, Drug Abuse and Rehabilitation, Box 1; both in Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

average personnel strength was increasing around 50 percent in each year, from 1966 to 1967, drug offenders (those who were caught abusing drugs) increased at a much faster rate.¹⁴

Command summaries reflected a disciplined USARV in comparison to other worldwide Army commands. Overall, the 1965 average court-martial rate in Vietnam was 2.03 per 1,000, while the Army-wide rate was much higher at 3.55 per 1,000.¹⁵ Only two discipline offenses occurred more often in Vietnam during the build-up than in Army forces worldwide or those stationed in the Pacific region: drug abuse and black-market offenses.¹⁶ Drug abuse was *the* significant discipline problem in Vietnam, eclipsing drug abuse rates among troops stationed stateside or across the globe. Rates of drug investigations within Vietnam were 2.01 per thousand in 1966. Army units stationed in America and world-wide experienced lower rates at 1.33 and 1.43, respectively. Even as drug use increased the following year, Vietnam's 2.95 outpaced the other respective increases of 2.29 and 2.25.¹⁷

¹³ Ibid.

¹⁴ "Military Drug Offender Identified: CY 65-71," undated; USARV Drug Plans and Programs Branch, Drug Abuse and Rehabilitation, Box 3; and "Military Drug Offenders Identified: 1966-1971," undated; USARV Drug Plans and Programs Branch, General Records, Box 7; both in Record Group 472, National Archives and Records Administration at College Park, College Park, MD.

¹⁵ Prugh, p. 99.

¹⁶ Robert C. Forbes, "Speech Data for General William C. Westmoreland, Chief of Staff," 25 May 1968; USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹⁷ "Cases Investigated: CY 1966-1970;" "Rates of Individuals Investigated per Thousand: CY 1966-1970;" and "Individuals in the Armed Forces Investigated for Involvement with Marijuana during Calendar Years 1968-1970," 20 August 1970; all in USARV Drug Plans and Programs Branch, General Records, Box 4; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

Spreading with the help of media reports, rumors from Vietnam alleged the Army's units were experiencing rampant marijuana abuse. Unsubstantiated claims that 75 to 80 percent of soldiers were abusing drugs alarmed officials at various Government levels. They worried that drug abuse would spread to the United States and to America's youth. Countless substantiated reports revealed marijuana use grew throughout Vietnam and that street vendors, taxi drivers, and prostitutes provided a sufficient and available supply to anyone who could walk up and say "khan sa" ("marijuana" in Vietnamese).

In other reports, many military strategists blamed the enemy. They suspected the VC/NVA were pushing marijuana, intending to sabotage and demoralize American soldiers by affecting the troops' health, morale, and combat effectiveness. The enemy proved an easy scapegoat. Sporadic anecdotal evidence suggested enemy forces were selling marijuana, among other drugs, to build their war-fighting revenue.¹⁸ While the military was correct in blaming enemy forces, MACV placed much more emphasis on these minor drug imports than they deserved. Drugs were widely available regardless of the enemy's efforts.

Drug prices varied depending on the type and local market conditions. While heroin had not yet appeared, a morphine vial could be purchased for five dollars. Cheaper but still potent, opium injections only set back users a dollar. In high demand, two-dollar marijuana cigarettes in Saigon cost twice as much as a Da Nang joint.¹⁹ These drug prices were considerably cheaper than their diluted American counterparts. Moreover, drugs were not expensive in relation to other activities. During a "Rest and

¹⁸ Commander, "U.S. MACV, Command History, 1968, Vol II," The U.S. Army Center of Military History; Fort McNair, DC.

¹⁹ Prugh, p. 106.

Relaxation" (R&R) visit to Bangkok, Lieutenant Jim Simmen wrote his brother that,

"You can stuff yourself in the best restaurants for \$3.00."²⁰

Evolving slowly, minor drug programs (voluntary in nature and implemented at the small unit level) enacted during the military build-up had inconsistent commander involvement and implementation. The military's major policies (mandatory initiatives), including amnesty, urine testing, and major rehabilitation efforts were well known at end of the War, but none of these initiatives began during the early years.²¹ Instead, early MACV commanders concentrated on established policies addressing troop education and drug-suppression.

Initially, education efforts, with professional administrators, had the most potential. Handicapping the administrators' effectiveness, commanders and their unit's officers often neglected to attend classes with the unit or to emphasize the situation's seriousness. Troops quickly forgot or ignored the important message. Nevertheless, USARV continued its efforts to spread information. It created an information office that released newspaper articles, fact sheets, bulletins, posters, and Armed Forces Vietnam radio and TV announcements. Education programs also included a Provost Marshal (PM) education team that tailored briefings for commanders, senior NCOs, and junior

²⁰ Jim Simmen, "Letter to Vern," undated, c. 1968, in Edelman, p. 247.

²¹ For example, see Christian G. Appy, Working Class War: American Combat Soldiers and Vietnam, (Chapel Hill: University of North Carolina Press, 1993), and Guenter Lewy, America in Vietnam, (New York: Oxford University Press, 1978). In contrast to these two works that concentrate on the War's later years, Larry E. Cable's work, "Everything is Perfect and Getting Better: The Myths and Measures of the American Good War in Indochina, 1965-1968," in William Head and Lawrence E. Grinten, ed, Looking Back at the Vietnam War: A 1990's Perspective on the Decisions, Combat, and Legacies, (Westport: Greenwood Press, 1993), reveals MACV's problems before the 1968 Tet Offensive.

enlisted men. Meanwhile, chaplains were incorporating the drug issue into their character guidance presentations.²²

Evolving during these early years, the military initiated two significant programs in its initial drug-suppression efforts. The most extensive program was the PMs' responsibility. The PM designated off-limits areas, searched local nationals (LN) moving on and off post, operated drug-searchdog teams, and cooperated with the GVN. After discovering that soldiers looked forward to postal packages from home or from an in-country friend, many containing drugs or other contraband, the PM implemented a postal customs check, which significantly reduced drug imports. While it sounded good, postal inspections did little to slow drugs' abundant local supply. Second, commanders conducted periodic, though rare, unit "shakedowns" (inspections) netting minor seizures. However, these inspections were more effective in communicating that the commander seriously addressed drug use than they were in uncovering abusers. Conducted on a limited basis, each program experienced minimal success.²³

Consuming time and energy, drug violations and enforcement required American and Vietnamese governmental cooperation. Without both countries emphasizing enforcement, American and Vietnamese efforts were ineffective whether combined or separate. With American assistance in 1965, the Vietnamese government began creating a new narcotic suppression program. Hoping to control illegal drugs, the American Public Safety Directorate (PSD) provided full-time assistance and support to the South Vietnamese National Police (NP). Increasing its efforts, the NP formed enforcement

²² Talking paper entitled "Drug Situation in USARV," undated; USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

units at the national level and in each Military Region (MR), province, precinct, and autonomous city.²⁴ Responsible for enforcing all drug laws and decrees, these units suffered without the GVN's genuine support, which believed drug abuse was an American problem.

The program's only significant positive outcome was an American initiative producing a quality South Vietnam-wide narcotics training program. In 1967, selected policemen arrived in Saigon to receive formal training. They learned how to investigate and enforce drug laws during the 80-hour course. By 1971, 1,254 police members had received this specialized training. Furthermore, less intense familiarization courses helped more than 40,000 government personnel learn to identify drug substances. Following the Tet Offensive in 1968, when insurgency and security became a governmental priority, trained personnel were siphoned off the narcotic suppression program for other police units, diminishing the program's value.²⁵

In November 1967, the American Secretary of Defense established a task force to study drug abuse in the military, which would later become the Department of Defense Drug Abuse Control Committee. Initiating the first and only military-wide drug-reduction effort, the program actually did little to stem drug abuse.²⁶

Along with suppressing drug use, the Army's second stated policy objective was to treat drug abusers. However, it left the existing medical system to adapt to the increasing drug-related hospitalizations. Evacuation hospitals and psychiatric doctors, by

²³ Ibid.

²⁴ Office of the Assistant Chief of Staff, "PSD Support of Narcotics Control," 6 May 1972; USARV Drug Plans and Programs Branch, Drug Abuse and Rehabilitation, Box 6; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²⁵ Ibid.

²⁶ Ibid.

default, saw drug abusers during the early years. Medical personnel deployed with battalion-sized (1500 men) or larger units, while only division-level commands had psychiatrists. Due to a drug addict's behavioral problems, and with no sure way to diagnose drug abuse in the field, division-level psychiatrists encountered many drug abusers. Many MACV leaders thought that during combat operations, psychiatry functioned best at the division level. In Vietnam's environment, combat casualties went to an evacuation or division hospital. These casualties could include psychiatric cases. At least one division psychiatrist determined that one-third of the psychiatric cases he saw were related to disciplinary infractions and diagnosed as "no disease found."²⁷ He attributed these cases to drug abuse. Following clinical evaluation, drug abusers were sent to a psychiatric team (known as a "KO team"). KO teams provided in-country, definitive acute patient care to anyone unable to return to his unit within two-to-four weeks, which included drug addicts.

With the structure of the medical system, battalion surgeons were the first-level care givers and advised company commanders regarding their troubled soldiers. After the deployment of division-sized units and their psychiatrists in 1965, psychiatrists consulted with the division commander regarding morale and psychiatric health issues and helped treat psychiatric casualties, but did not provide adequate feedback to the company commanders regarding their units. Without this information, unit commanders were unable to realize the drug abuse problem's scope.²⁸

²⁷ Franklin Del Jones, and Arnold W. Johnson, Jr., "Medical and Psychiatric Treatment Policy and Practice in Vietnam," Journal of Social Issues, vol 31, no 4, 1975, pp. 50-51, (Doctor Jones was from the Walter Reed Army Medical Center and Doctor Johnson was from the Office of the Surgeon General, Department of the Army).

²⁸ Ibid.

Finally, for the most part, MACV gambled that existing programs were effective enough to stop drug abuse and it missed the indicators that showed drug abuse was increasing. As a result, MACV thought drug abuse was like any other discipline problem such as alcohol abuse, and it believed the military justice system would control drug abuse. However, for the military justice system to work, there needed to be seamless Vietnamese and American cooperation, quick and visible punishment, and potential abusers needed to maintain a reasonable assumption they would be caught and punished. MACV was unable to fulfill these three conditions, and its gamble failed to address the ever-growing drug abuse problem.

Military lawyers arrived early in the Vietnam conflict, years before MACV's inception in February 1962. The first Staff Judge Advocate (SJA), a commander's principal legal advisor, arrived at MACV's headquarters two years after MACV's inception.²⁹ Within a year, the United States committed troops to combat.³⁰

Regardless of their numbers or organizational structure, judge advocates (military lawyers) provided the same services as those stationed around the world. For MACV, military lawyers assured its activities conformed to international and national laws and used the legal system to help MACV accomplish its mission. In addition, they tried courts-martial, advised commanders on military justice procedures and legal issues, provided legal assistance to all personnel, administered the claims program, wrote military-affairs opinions, and reviewed staff actions and administrative boards for legal sufficiency. Providing effective services required careful in-country positioning of these

²⁹ Although the organization of the SJA's office varied during the conflict, Appendix D provides an example of its organization during most of the War.

³⁰ Prugh, p. 4.

military lawyers. USARV assigned and controlled most military lawyers throughout Vietnam, and MACV's headquarters received a small number. All military lawyers, specifically those in the Criminal and Disciplinary Law Division, were responsible for advising commanders of any potential discipline problems, including drug abuse.³¹ They should have helped prevent any drug abuse problems.

Military lawyers arrived knowing little Vietnamese law and had to spend significant time learning, and, as a result, judicial planning duties were a low priority. From the outset, the ranking SJA at MACV's headquarters lacked an effective plan. He did not initiate long-range planning, which would have revealed the steps necessary to support MACV's operation.³² Had the SJA requested an experienced military lawyer to help plan during the paced build-up, planning might have received the attention it demanded. Instead, military lawyers in the SJA's office, who were already overloaded with what was considered essential day-to-day work, found planning duties too demanding.³³ With all their other duties, time was their most valuable resource.³⁴

In January 1965, a total of seven military lawyers filled all the legal responsibilities for American forces. Serving in Saigon, three lawyers worked in each Service's headquarters, while the other four served on General William C. Westmoreland's immediate staff.³⁵ Serious Army cases were sent to Okinawa for trial, but the Navy and Air Force sent serious cases to the Philippines. When the Army caseload required extra judges, they were simply flown in from Okinawa as needed.

³¹ Ibid, pp. 9-10.

³² Ibid, p. 117.

³³ Ibid, p. 115.

³⁴ Ibid, p. vii.

³⁵ Ibid, p. 7.

Moreover, MACV did not have a military confinement facility. Fortunately, troop discipline was not yet a problem, and it was still six months before the July 1965 announcement that revealed plans to increase troop strength to 125,000 and deploy the first division-sized units (16,000 soldiers).³⁶ With increasing troop numbers, thousands of civilians also flooded the country. Drawn by the prospect of making easy money and an unrestricted lifestyle, they changed the nature of the foreign population and created trouble.

Organizing the in-country legal services, therefore, challenged lawyers, as well as commanders. The military justice system operated satisfactorily at best and, at worst, lacked sufficient personnel and resources to handle the ever-increasing case backlog due to Vietnam's challenging environment. Imposing a leviathan modern army on a developing country, while forcing units to remain flexible in a demanding range of combat challenges, posed many significant problems, drug abuse becoming a major one.³⁷

Thus, Vietnam's environment prevented modern military justice from operating efficiently. Even normal combat interfered with the military justice system, not to mention the havoc that fighting America's first modern unconventional war inflicted. As more troops arrived, increasing caseloads burdened military attorneys. MACV needed quick investigations and trials given a soldier's twelve-month tour of duty. Most cases involved several key individuals who were often due to rotate back to the United States soon. Avoiding overseas tour extensions at all costs, the Army tried to maintain its rotation schedule at considerable cost. Thus, young, low-ranking troops saw that soldiers

³⁶ Hardin Jones.

who abused drugs were sent home without punishment. Incomplete justice investigations inspired cynicism and gave young soldiers the idea drug abuse was not important enough to draw their military superiors' attention.

Every step in the process seemed to delay the military justice system and give the appearance that the drug abuse problem was not perceived as a significant problem. Trial preparations required significant work and time commitments. Stationed in Vietnam for brief, twelve-month tours, military lawyers toiled to track down soldiers who transferred from one unit to another. As a result, lawyers left in the middle of cases, were unable to interview many witnesses, and new lawyers had to spend considerable time reviewing the cases they inherited. Without sufficient legal training, clerks were also unable to provide adequate assistance. Details consumed attorneys and clerks who, forced to spend hours on the telephone searching for information and trial participants, found it difficult and sometimes impossible to coordinate trial times and places, let alone get to trial and consummate drug abuse convictions.

All crimes occurring at base camps or remote jungle fire support bases required judge advocates to examine the scene and evidence and to interview witnesses. Aircraft offered the only secure transportation method, but lawyers often did not warrant a high enough priority to receive such airlift. As a result, interviewing witnesses posed a daunting task. Concerned about their "first front" mission, commanders did not want to release soldiers from a field operation to return for question and answer sessions with judge advocates. Offenses that occurred in base camps or R&R centers could involve several units, and each required special coordination to obtain interviews. Further

³⁷ Prugh, pp. 101-103.

delaying the process, laboratory work, such as testing for a potential illegal substance, consumed weeks before lawyers received the results. Transmitting paperwork, finding involved Vietnamese citizens while also overcoming the language barrier, and researching crimes that surfaced long after they occurred burdened the military justice system.³⁸

Less respectable elements of the changing Vietnamese society also attracted MACV's attention. Exploiting the war situation, these opportunists often partnered with allied troops and civilians, corrupting American forces. Concerned with the entire state of allied forces' discipline, the MACV Commander wanted to prevent flagrant widespread corruption, and violations of the Geneva Conventions and mutual assistance agreements, which could inspire allied dissention and draw the world's censure.³⁹ Focusing on punishing and not rehabilitation nor prevention, MACV permitted the military justice system to become overburdened and ineffective.

Further adding to the environment's challenges, Vietnamese citizens, who for the most part had a *laissez-faire* attitude toward drug abuse, had not yet accepted drug restricting laws. Drug laws were, therefore, a modern concept in Vietnam's legal history. The first laws restricting drugs began in 1919 when the French issued a decree prohibiting unlawful opium, morphine, cocaine, and hashish possession. Doing little to help the populace, the law created a government-controlled drug monopoly, encouraged the population to accept drug use as an everyday activity, and institutionalized the drug trade. Signed in 1954, the Geneva Accords created Vietnam's first law prohibiting opium use. During the next two years, several decrees increased drug restrictions and

³⁸ Prugh, pp. 100-103.

elevated drug abuse penalties.⁴⁰ Having only bark and no bite, Vietnamese laws did not help MACV control drug abuse. Of the existing laws, none restricted marijuana; opium had only petty restrictions.

Since Vietnam had not established a national narcotics enforcement agency, local police enforced drug laws, but did so only sporadically and ineffectively. As a result, drugs were readily available. A 1966 survey revealed that twenty-nine fixed outlets sold drugs in the greater Saigon area (Saigon, Cholon, and Tan Son Nhut). On 12 November 1966, Westmoreland asked the American Embassy to take steps with the GVN to address drugs' availability; but by the year's end he had received no response.⁴¹

After landing in Vietnam, military lawyers were also slow to recognize four crucial aspects of the Vietnamese legal system. Had they recognized them, they could have predicted future problems that MACV's drug policies might encounter. All four elements suggested Vietnamese citizens did not accept the colonial-inspired legal culture and that the ill-defined Vietnamese drug laws carried little weight among locals, making bilateral efforts difficult. First, passed without being tempered by the local population, western legal concepts were superimposed on Vietnamese culture. Second, Vietnam did not have adequate means for its citizens to express themselves through political and judicial elections. Third, in many rural areas no legal institutions operated. Finally, small legal organizations that did function felt voiceless in governmental affairs.⁴²

MACV's military lawyers remained in Vietnam throughout the drawdown. Paralleling MACV's command structure, Army, Navy, and Air Force attorneys and

³⁹ Ibid, pp. 98-99.

⁴⁰ Ibid.

⁴¹ Ibid, p. 107.

clerks advised MACV and Vietnamese legal agencies. Near the conflict's end, MACV and USARV consolidated and created the USARV-MACV Support Command, where the legal advisors continued working, with limited success, through 1973.⁴³

Thus, drug abuse occurred *beyond the battlefield* -- creating a *second front* for MACV. However, with MACV's focus on the battle in a traditional sense, it did not notice nor take appropriate action as drug abuse indicators signaled a significant and growing problem. Receiving inadequate command attention from both countries, a problem for which the command structure was at least partly culpable, inadequate drug policies and programs netted only minor results. MACV also left drug prevention and rehabilitation up to the military branches, which for the most part allowed local commanders to deal with the problem as they saw fit. Local commanders, serving their brief in-country terms, did not realize the problem's scope or were not in command long enough to take significant, appropriate, innovative action themselves. And they received little motivation, direction, or assistance. As a result, drug abuse entrenched itself years before troop strength reached its 1969 peak.

⁴² Ibid, p. 15.

⁴³ Ibid, p. 7.

Chapter Three

Transition

Following the Tet Offensive in January 1968, America's role on both fronts – the battlefield and drug abuse – would undergo a two-year *transition*. Within six months, MACV had a new commander who began to recognize the obvious drug abuse signs, and by the following year President Richard Nixon's Vietnamization policy called for the Vietnamese to assume greater battlefield responsibility. Vietnamization was America's chance to withdraw, despite expectations that the GVN would be unable to halt a communist attack without substantial allied support. Young American soldiers saw Nixon's gradual withdrawal announcement in June 1969, which initiated pulling out some 540,000 American troops, and the increasing anti-war sentiment at home as signs that the War and their involvement in it was a mistake. During these two transition

years (1968-1969), as MACV developed its support role for the South Vietnamese armed forces, morale began to slide, and drug abuse proliferated.

Invading the lowest enlisted ranks, drug abuse received increasing command attention during this transition period, but MACV was still "managing" the problem, and focusing on peripheral issues rather than helping its soldiers. The transition period revealed several indicators that demonstrated widespread abuse, but the few commanders who considered drug abuse a problem relied, for the most part, on established, but ineffective regulations. Moreover, most drug-reducing policies tried to stop drug supplies, a strategy that had already proven ineffective.

Through 1968 and 1969, numerous signs disclosed that widespread drug abuse was becoming a reality. Surveying incoming and outgoing troops and compiling data from its own studies, MACV knew many soldiers were abusing drugs and that drug abuse was affecting combat operations. Despite rumors at the time, most of America's draftees were not drug abusers. Survey results showed the Department of Defense was not enlisting (including draftees) more drug users in 1969, as a percentage of incoming troops, than they did the previous year. Yet, many officers continued believing the Army was drafting all of its drug users, forcing it to deal with the resulting drug and discipline problems.¹

Comparing mental hygiene patients and other populations within MACV, one limited 1968 survey suggested that smoking marijuana was a social activity, more frequent in the field than at the rear. At the same time, drug abuse was "very rare" during

¹ "Comparison of Survey Studies of Mental Hygiene Patients and Other Populations (1968-1969)," undated; USARV Drug Plans and Programs Branch, General Records, Box 7;

combat operations because soldiers smoked marijuana *only* after a combat action.² They clearly realized drugs inhibited their war-fighting ability. Regardless of their location (in the field or in a rear area), marijuana abusers smoked it once a day or more. Despite this frequency, soldiers who started smoking in Vietnam regarded it as an “in-country” activity, were not serious habitual abusers (using marijuana 200 times or more during their tour), and had no intention of continuing their abuse after returning to the United States. While no one established a direct correlation between drug abuse and combat deaths, the limited evidence suggested that, at least during this transition period, a drug abuser was more likely to be a combat casualty than a soldier who did not use any drugs.³ The survey’s numbers do not immediately reveal these themes, which were made by the individual who conducted the survey.

Further drug abuse indicators included rising hospitalizations, drug related deaths, and drug seizures. For example, inspecting soldiers beginning an R&R period, allied customs officials began capturing significant drug quantities. Bringing drugs with them, soldiers aroused complaints from the major R&R centers including Sydney and Hong Kong. Frustrated with MACV’s inability to prevent drug-carrying soldiers from boarding transports to their jurisdictions, these officials soon initiated their own policies. Inspecting the soldiers, their luggage, and the aircraft achieved initial success. However, soldiers began hiding marijuana within their tobacco products. Limiting the quantity of unopened tobacco with which troops could depart, MACV tried to reduce the R&R drug

Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

² Ibid.

³ Ibid; and “Survey Studies of Incoming and Outgoing Troops (1968-1969),” undated; USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

problem. Realizing the problem continued despite MACV's efforts, the authorities in each R&R country prohibited soldiers from importing all tobacco products.⁴ While these efforts prevented soldiers from carrying their own drugs with them, they did not demonstrate an effective and flexible leadership-style approach. Instead, they either demonstrated a disjointed effort to stop drug abuse or worse, they were merely MACV's attempts to give the *impression* of managing drug abuse.

Increasing in their accusatory tone, media reports continued to highlight a growing drug epidemic. These articles were drawing public, military, and Congressional attention. MACV's intense media distrust because of their reporting on the first front clouded MACV's judgment and caused its top leaders to dismiss, without cause, these press reports.

For example, Westmoreland had previously dismissed many media reports and demonstrated a "victim complex," thinking he was the victim and the media reporters were focused on defaming him. He thought these reporters – supposedly on a mission to impede, disrupt, and embarrass his command – wrote "speculative articles based on statements by low-life individuals," and that they were doing "anything possible to fragment the essential integrity and cohesive nature of the command." As a result, Westmoreland's annoyance grew as these "phony issues" consumed a "tremendous amount of command time."⁵ Thinking drug abuse was a phony issue, Westmoreland did little to prevent drug abuse, protect the health and morale of his troops, and maintain their mission fighting ability. Finally, in June 1968, the President removed Westmoreland

⁴ "U.S. MACV, Command History, 1968, Vol II."

⁵ William C. Westmoreland, History Notes, 23 January 1968; The U.S. Army Center of Military History; Fort McNair, DC.

from MACV's command. Westmoreland was "promoted," becoming the Army Chief of Staff, and General Creighton Abrams became MACV's new commander.

MACV had every opportunity to recognize the situation even after ignoring outside reports. Showing a seriously increasing problem in 1969, MACV's statistics reported that in one year the number of soldiers arrested for illegally possessing drugs jumped from 4,352 to 8,446.⁶ Countless more soldiers were using drugs, but escaped discovery.

In conjunction with external reports and MACV's internal numbers, commanders saw their troops develop new drug-accepting attitudes. More accurately, these attitudes were more anti-establishment oriented than pro-drug. As discussed in Chapter 2, throughout the Army's history, units with soldiers that did not turn in other drug-abusing soldiers experienced rampant drug abuse. In Vietnam commanders noticed that low-ranking enlisted soldiers displayed less and less surprise at the growing number of drug apprehensions. Even worse, while investigating alleged drug users, examiners often interviewed several personnel who suspected or outright knew the suspect was abusing drugs. Despite this, they choose not to inform their supervisors.

Unknowingly, Specialist Ed Fanning demonstrated this paradigm. Finishing a few minor duties after supper, Fanning witnessed an outburst from one of his company's "juvenile-delinquent types." Fanning wrote that this "kid" just "went wild" and "refused to change a flat tire on a truck," despite the direction and ensuing arguments with his platoon sergeant and platoon leader. Even though he thought the delinquent kid was

⁶ MACV Drug Abuse Suppression Program Fact Sheet, 24 February 1971; USARV Drug Plans and Programs Branch, General Records, Box 6; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

wrong and hoped that more such outbursts would not occur, Fanning refused to tell his superiors that the soldier was likely using marijuana. Instead, he felt sorry for the kid and blamed the “bad guy,” who was Uncle Sam, not the enemy.⁷ Many soldiers, like Fanning, remained silent until a commander demonstrated a sincere and personal concern. But military commanders were ill prepared for their leadership duties, especially since they did not have the opportunity to learn on-the-job because of their brief six-month command tours.

High-ranking leaders (at the division level and above) attributed this growing acceptance to three factors. As a large portion of military personnel were under age twenty-five, they thought that this high-risk category for drug abuse contained the largest percentage of drug abusing Americans. Second, they suspected the American public was beginning to accept drug abuse more than it had just a few years before, and the military would reflect the society it served. Third, officers believed that an increasing number of Army troops had tried drugs before entering the military, even though the data shows that this was not the case until 1970.⁸

The transition years also revealed that, for the first time, most levels of military leadership began to recognize the growing drug abuse trend. However, the few commanders who considered drug abuse a problem did not know how to deal with it, so they relied on established, but ineffective policies. Most commanders downplayed how drugs influenced unit effectiveness and concentrated on other issues they considered more important.

⁷ SP/4 Edmund Fanning, “Letter to Janet,” 27 April 1969, in Edelman, pp. 154-5.

⁸ See the previous discussion in this chapter regarding the “Comparison of Survey Studies...” on pp 1-2.

Generally, though, ranking commanders, responsible for major Army units, did not realize how widespread drug abuse had become. Hearing rumors and reports of widespread drug abuse, the 101st Airborne Division conducted its own drug abuse survey. In the fall of 1969, a survey of twelve battalion commanders and fourteen battalion surgeons said drug use did not impair unit effectiveness. Since all the commanders realized drugs diminished an individual's combat effectiveness, their statements implied that drugs were not widespread. Had drugs been widespread, they would have impaired unit effectiveness. Most of them justified this perspective by explaining that the many who merely tried drugs were inflating drug abuse statistics because they only used them on an experimental basis and were no permanent danger to their units' combat effectiveness. Disagreeing with his peers, only one commander suggested widespread marijuana abuse did exist. Despite this admittance, he still agreed with their initial assumption: drug abuse was not impeding unit effectiveness.⁹ Supporting their commanders, the surgeons formed a similar consensus, and added that commanders should be more lenient punishing an experimenter than a drug addict.¹⁰

Grouping drug abuse with alcohol abuse helped inspire officers and enlisted troops to associate the two. Since soldiers only reported the most flagrant and dangerous alcohol abuse cases, a similar pattern developed among those who witnessed drug abuse. While regulations signaled the Army did not approve drug abuse, the regulations did little to discourage alcohol or drug abusers or encourage their peers to reveal their problem to

⁹ R. J. Schultz, "Drug Abuse," 30 December 1969, (Major Schultz was the Assistant Adjutant General and was responding to the 101st Airborne Division (Airmobile) Commander's request of an assessment of the drug abuse problem.); USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹⁰ Schulz.

higher authorities. Associating alcohol abuse and drug abuse, the Army regulation read, "Any disease or injury directly resulting from the intemperate use of intoxicating liquor or drugs [is misconduct]." ¹¹ Just as the Army did not punish alcohol abuse with prison, neither did it punish drug abusers – hence, prison was not a threat – nor deter drug abuse. During Vietnam, commanders widely used Articles 15, the most severe administrative punishment a commander could initiate, even though troops viewed Articles 15 with sincere contempt as an effective disciplinary tool at the enlisted level.

Of those drug abusers that the military did catch, commanders used inflexible Army regulations to determine the required punishment. Soldiers who were unable to complete a day's work or more had to repay their service obligation at their commitment's end. During treatment in a hospital, drug abusers could be removed from duty for up to four weeks, simply prolonging the Army's difficulties with a drug-abusing soldier. Only the Department of the Army could grant waivers to this 1969 regulation if it determined a waiver was in the best interest of the individual and the Army. ¹²

Changing the way it handled drug abusers, military punishments also evolved during this period. The previously overburdened military justice system, expanded to 135 Army lawyers – seven of which were assigned at MACV's headquarters – but that was still not enough judicial support. As a result, military commanders were forced to transition to more administrative punishments, including Articles 15. ¹³

¹¹ Army Regulation 600-10, 7 June 1968, p. 5-17; USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹² Army Regulation 635-200, 26 November 1969, p. 2-2; USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹³ Prugh, pp. 101, 107.

Forcing a fundamental change, the USARV's PM initiated an amnesty program, but his suggestion was not USARV policy. For the first time, in October 1969, commanders across Vietnam received encouragement to offer amnesty to any drug abuser who voluntarily sought help. Many commanders thought this policy went against the accepted paradigm to punish first and help second. In participating units, drug abusers could seek help without fearing any administrative repercussions. A few units were already experimenting with amnesty programs, and these experiments decreased combat hazards, administrative workloads, courts-martial, administrative discharges, and crime.¹⁴ After joining the program, an abuser began a rigorous counseling schedule to assist his recovery. Just about any military member could counsel the reforming addict. Chaplains, NCOs, Military Police (MP), Criminal Investigation members, unit surgeons, mental hygiene personnel, and interested commanders assisted this new drug program aimed at helping, instead of punishing, drug abusers.¹⁵

Vital to the amnesty program was making it an anonymous admission program; the abuser would have no permanent entries in his record regarding drug abuse. To help motivate drug abusers to seek help, commanders did not award amnesty to drug offenders who did not seek help or those who relapsed after completing an amnesty program. With the high rotation rates among soldiers, commanders who only served a six-month tour in any one position, and the absence of any permanent marking in the abuser's personnel record, any admitted abuser was soon forgotten. For either not utilizing the amnesty program or commanders refusing to implement it, 57 percent of first time drug offenders

¹⁴ Major Fishburne, "Drug Abuse Testimony," 9 October 1969; USARV Drug Plans and Programs Branch, General Records, Box 1; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

were still punished with an Article 15 (the most serious administrative punishment available to a commander). Throughout the transition period, drug enforcement and treatment policies remained nonexistent at the MACV level and, consequently, at the division, brigade, and battalion levels. Hence, company commanders, often acting on *ad hoc* basis, created the Army's drug abuse policies, which meant fundamentally no uniformity existed.

It would be another year before the USARV adopted a mandatory countrywide amnesty policy. When officers, NCOs, and media reporters questioned the policy's potential effectiveness, they soon discovered that MACV had failed to keep any statistics on the PM's amnesty program. No one knew if the program would prevent drug abuse or help abusers. Media criticisms blasted the military for not gathering any statistical data regarding the program's effectiveness. MACV reasoned that since the program provided anonymity to the abuser, it was a challenge persuading individual units to tabulate their program's results.¹⁶

As heroin use increased during the transition period, the amnesty program's utilization rate surprised many military commanders because few marijuana abusers joined the program. Extensive anecdotal evidence suggested that soldiers would not take advantage of their unit's program until they needed medical assistance. The drug-of-choice, marijuana, rarely required medical treatment and, consequently, users were never motivated to use their amnesty option. However, with heroin's introduction in 1969, and

¹⁵ Major Nelson's Briefing.

¹⁶ Frank A. Bartimo, "Statement to the Subcommittee to Investigate Juvenile Delinquency of the Committee on the Judiciary, U.S. Senate," 20 August 1970, (Bartimo was the Assistant General Council – Manpower and Reserve Affairs – Department of Defense); USARV Drug Plans and Programs Branch, General Records, Box 4; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

wider use beginning in 1970, soldiers often needed medical assistance and external support to kick the habit. As a result, MACV's program expanded in size and, in 1971, it was developing a statistical base.¹⁷

Few initiatives targeted widespread drug education and the soldiers' willingness to use drugs. Of those that did, they were often ineffective and created their own controversies. One such program tried to educate the troops, but instead inspired significant discussions among NCOs and officers who actually debated its methods. For example, officials tried to reach young soldiers by distributing eccentric flyers (see Appendices E and F). However, no evidence, anecdotal or otherwise, suggested these flyers reduced drug demand.

During the transition period, the high-level command's drug-reducing policies tried to stop supplies, not demand. Blaming each other for the growing demand and supply of drugs, the American leadership and the GVN focused increasing attention on drug supplies, but neither developed effective policies that had a reasonable drug stopping potential. Watching drug abuse spread among their troops, American commanders knew massive drug supplies were flooding Vietnam. Supplies originated from within Vietnam and from other countries. MACV's hands were already tied regarding the limited military operations it could conduct outside Vietnam. Since MACV was unable to stop the enemy's military supplies, they could not have maintained any reasonable expectation that they had the ability to stop marijuana and heroin imports.

Despite the Army's history of numerous failed attempts to stop drug supplies, MACV convinced itself that supply reduction was an effective measure, and its

¹⁷ Ibid.

commanders would try several aerial drug suppression programs, the first of which began in 1969. A special study, commissioned in mid-1968, revealed most marijuana was grown in the Mekong Delta region (Southern Vietnam) and, after harvesting, was intended for American units. Enlisting the GVN's assistance, MACV commanders persuaded it to issue instructions to its province chiefs calling for the elimination of all marijuana cultivation. Finding this initiative unsuccessful, both governments began marijuana search-and-destroy missions. MR Commanders provided helicopters once a week, with 48-hour notice, to work with Vietnamese troops. The ground forces, and their American advisors, were then sent to destroy the plants after a helicopter spotted the growing field.¹⁸

However, these searches had a limited effect. Low, slow-flying helicopters (necessary to spot marijuana plants) caused major disruptions near populated areas. For instance, a Huey's downdraft blew unsecured items away, proving disastrous to farmers drying or chaffing harvested rice and frightening tethered cattle that would break away, thus agitating the indigenous population. MACV soon became sensitive to these sentiments that innocent nationals began expressing.¹⁹ On the other hand, in non-populated areas (many of which the enemy controlled) the slow-moving choppers provided easy targets and were "extremely dangerous."²⁰ MACV's only reprieve from the intensive program was the rainy season, which flooded farmers' fields and prohibited

¹⁸ Col Warren H. Metzner, "Fact Sheet: Helicopter Support for Narcotics Suppression Campaign," undated, (Metzner was the Provost Marshal for USARV); USARV Drug Plans and Programs Branch, General Records, Box 1; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹⁹ Metzner.

²⁰ U.S. Congressional General Accounting Office Review of Drug Abuse Programs in Vietnam: In Response to Congressional Concerns, 13 December 1971; USARV Drug Plans and

growing marijuana. Pure ground searches proved more successful and relied on paid Vietnamese informants.²¹

Intent on managing the marijuana supply, and not leading its troops away from drug abuse, in four months during 1969 MACV destroyed 453,760 marijuana plants (convertible to over 11.34 million marijuana cigarettes) in five Delta Provinces. Had they reached the market, these plants were valued at \$1.13 million dollars. These impressive numbers of destroyed plants did little to stop drug abuse or stem the marijuana supply.

Helicopter suppression fell apart in early 1970, as communication broke down among cooperating units. One police advisor for the PSD, Dick Alves, reported that his reassigned military liaison, First Lieutenant Elfmont, did not provide him with a new contact to request helicopter support. Furthermore, Alves had fourteen operational areas, of which marijuana suppression was one, and he could not devote sufficient time to pursue the program.²² Despite MACV's stubborn efforts, marijuana use continued to climb, and by early 1970 the PM wrote that drug abuse was a "significant problem."²³

Vietnamese-centered drug-suppression efforts were equally ineffective. Placing pressure on the GVN, MACV wanted the Vietnamese to "get with the program" and begin suppressing drug supplies. Mollifying MACV, the GVN initiated insincere drug-

Programs Branch, General Records, Box 3; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²¹ Metzner.

²² G. E. Malone, "Memorandum for Record: Trip Report Can Tho PSD," 12 February 1970, (Major Malone was a USMC Narcotics Suppression Officer); USARV Drug Plans and Programs Branch, Administration and Stats, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²³ Metzner.

reduction policies. Thinking drug abuse was largely an American problem, the GVN's efforts failed to stomp out drug suppliers and effect public action regarding drug supplies.

While the GVN's drug-suppression efforts were not significant policies, it communicated to civil and military agencies – with the help of circulars that highlighted drugs' dangers – and called for strict enforcement.²⁴ Still, many local Vietnamese officials did not respond to these appeals.

With the Army's and South Vietnam's efforts only having minimal effect, drug abuse was still increasing. In June 1968, marijuana use among American troops was 1.3 per 1,000. By December, 4.5 in 1,000 American troops were using marijuana, which was a significant rise. During the same period, opium rates increased from 0.003 to 0.068 per 1,000. Between June and December, when the GVN issued an October 1968 statement condemning marijuana or opium use and trafficking, the GVN improved its drug suppression efforts. Province Chiefs received orders forbidding marijuana growing, and the Vietnamese Narcotics Bureau expanded. Seeing some progress among the GVN, the United States Government sent an agent from the Bureau of Narcotics and Dangerous Drugs to advise the GVN, and the American Government relented its pressure on the GVN to stem drug supplies.²⁵

Reorganizing in early 1969, the GVN moved its Narcotics Section from a subsection in a bureaucracy to its own bureau at the national level. Within the Narcotics Section, three new investigative sections worked with an intelligence unit and an education unit. The bureau was now responsible for inspecting the narcotics enforcement elements nationwide (at the national level and in each MR, province, precinct, and

²⁴ "PSD Support of Narcotics Control."

autonomous city). For the first time, Vietnam's enforcement efforts theoretically received the direct supervision and accountability they needed to influence the drug trade.²⁶ However, Vietnam's new bureau needed more than reorganization. It needed personnel and support that it would not receive until early 1971.

During the *transition* (1968-1969), *both fronts* began evolving toward America's withdrawal. Young enlisted soldiers developed new anti-authority attitudes, and even though military commanders realized drugs were being used more in their commands, they refused to recognize the ensuing problems that would develop. Commanders were ill prepared to handle the developing problem and were not afforded the opportunity to learn during their brief six-month command tours. Those who did think drug abuse was a problem finally received the first country-wide program guidance in late 1969. While the amnesty program illustrated some potential, it was not widely implemented or successful. Those policies that did develop at the operational level evolved around stemming the drug supply, which had already proved ineffective during the Army's history. While MACV's commanders were not malicious, intent on hurting their troops, they did not think drug abuse was a serious problem that warranted significant attention, and, in at least some instances, instituted policies and programs merely to pacify drug abuse opponents.

²⁵ Prugh, p. 108.

²⁶ "PSD Support of Narcotics Control."

Chapter Four

By the Numbers

MACV's problems on both battlefronts proved significant during its final three years, 1970-1973. Discipline problems and deadly hard-core drug abuse exploded in late 1970 and early 1971. By February 1971, heroin abuse had surpassed marijuana abuse, as measured by the total drug users and three months later, in June, heroin abuse peaked.¹

Poor attitudes and miserable conditions meshed to create an environment that nourished drug abuse. Soldiers, bored and hopeless, were filling more support roles in the rear. Without a clear mission, many experimented with substance abuse. While officers and older, career-oriented enlisted men were called "juicers" because they

¹ LTC Arthur F. Fischer, "Alcohol and Drug Abuse Prevention and Control Program Official Statistical Data for 1971, presented at the Alcohol and Drug Dependency Intervention Council, 29 February 1972; USARV Drug Plans and Programs Branch, Administration and

drowned their misery with alcohol, younger enlisted men, called "heads," abused drugs, their "substance of choice."

Watching its world collapse around it both from without and from within, MACV was at a loss to stop the drug abuse. Anecdotal evidence suggested that officers and NCOs who enforced drug related regulations were more likely to incite retaliation from their drug-abusing soldiers. MACV began using new technology to fight the second front, from urine tests to aerial imaging equipment. While too late, it explored new ways to handle drug abuse and focused, albeit unsuccessfully, on rehabilitation, education, and enforcement programs. However, these new and often impressive bureaucracies did little to stop drug abuse. Under considerable pressure to fix the drug problem, MACV did what it did on the first front: it instituted drug policies without carefully analyzing their effectiveness in hopes of making its numbers look good. Already familiar with managing the body-count numbers, MACV began managing drug-abuse *by the numbers* and lost focus of the broader problem as it attempted to pacify its opponents. Since some commanders were effective in handling drug abuse, a solution to the problem was available, but MACV was unable to realize it during its final three years.

During 1970 rising drug abuse deaths increased MACV's profile with the American public. From January to June twelve Army soldiers died from drug abuse. Then in January 1971 a CBS News report shocked the country when it reported that American soldiers on the second front were "dying at the rate of two a day." MACV disputed the report's claims but its statistics were not much better. From July to

December 98 Americans died as a direct result of drug abuse, which were confirmed through autopsies. Only six were not Army soldiers.²

Commanders began to take more interest in the drug abuse program following the December 1970 publication of MACV's Drug Abuse Suppression Program directive. However, during their February 1971 meeting, high-ranking commanders realized that, despite all their efforts, drug abuse was getting worse.³

MACV's surveys provided an accurate picture of who was abusing drugs. Over three months, 2100 patients entering MACV's drug centers completed questionnaires that showed a typical drug abuser was still a high school educated Caucasian from eighteen to twenty-one years old, enlisted voluntarily, and did not have any previous Articles 15 or courts-martial. However, the survey now showed they were more likely not to come from a combat unit. Moreover, soldiers began using drugs because of curiosity or personal problems, not in an effort to "escape" the War.⁴

² Confidential SPECAT Message, from Commander U.S. MACV to Commander in Chief Pacific, 31 January 1971, (written by the Provost Marshal, Colonel Thornton E. Ireland); USARV Drug Plans and Programs Branch, Administration and Stats, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD; Message from Commander U.S. MACV to Commander in Chief Pacific, 29 November 1970; USARV Drug Plans and Programs Branch, General Records, Box 7; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

³ Minutes of MACV Drug Abuse Suppression Council Meeting, 25 February 1971; USARV Drug Plans and Programs Branch, General Records, Box 6; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

⁴ The survey showed that: 87% of all abusers were E4 and below, with E4s making up the largest percentage at 49%; 75% were 18-21 years old; 64% were Caucasian, and 27% were black; 25% were divorced or separated; 56% were on their first term enlistment, 19% were on their second enlistment, and only 25% were drafted; 38% did not have a high school diploma; about 26% were from combat units, 27% were from service units, 46% were from support type units; 66% did not have an Article 15, and 93% did not have a court-martial; 29% used psychedelics, 33% used amphetamines, 45% used barbiturates, and 80% used marijuana while in RVN; 34% of heroin abusers started during their first month in Vietnam; peer pressure accounted for 5% of the reasons to start abusing drugs, while the two largest reasons most soldiers cited for beginning to abuse drugs was curiosity at 16% followed by personal problems at 15%. Message from Brig

Rehabilitating soldiers was left to the lowest-level units until late in the War. Initially created in 1967, a DOD task force began investigating drug abuse among military members. However, its only recommendations were to create several new education publications and programs. For example, in May 1970 the DOD and Justice Department created a European drug investigators' training school. Besides these recommendations, the new training school, and its eventual drug urinalysis program, the DOD did little to counter drug abuse department-wide. As a result, the Services determined their own drug abuse policies and rehabilitation programs.

President Nixon's drug abuse initiative in 1971 made rehabilitation a priority within the DOD. Creating a Special Action Office for Drug Abuse Prevention, the DOD began working with other governmental organizations to rehabilitate abusers. The military could not use urinalysis results to initiate any disciplinary action under military law, the Uniform Code of Military Justice. In addition, if an abuser sought help under the DOD's Drug Identification and Treatment Program or its amnesty program, commanders could not discharge a soldier "under other than honorable conditions."⁵

Rehabilitating soldiers received widespread support from home until the DOD began marking drug-abusing soldiers discharged in early 1972. Sailors were claiming to be drug abusers to get out of their service commitment, so the Navy began marking a drug-abusing soldier's medical record with "SPN384," which signaled to future

Gen Robert J. Koch, "Analysis of Demographic Data from the USARV Drug Abuse Data Collection System," 28 February 1972, (Koch was the U.S. Army Deputy Chief of Staff, Public Affairs), USARV Drug Plans and Programs Branch, Administration and Stats, Box 2, Record Group 472, National Archives and Records Administration at College Park, College Park, MD.

⁵ "Dep. Sec. Packard Outlines DoD Role In President's Drug Program," Commanders Digest, 22 July, 1971, p. 4, USARV Drug Plans and Programs Branch, General Records, Box 1,

employers and supervisors that the soldier was discharged for abusing drugs. Defending its policy, the Assistant Secretary of Defense told Senators that employers needed to know if a man had a drug problem. For example, he reasoned that an electric company employing a former soldier to work on high-tension lines would want to know about his service medical record. Frustrated and citing the 40-percent rise in drug abuse discharges from 1970 to 1971, Harold Hughes, a Democratic Senator from Iowa, complained that the military was only making a "cursory attempt" to treat drug abusers.⁶

Under the ineffective DOD program, the Air Force was also responding to its drug abuse reports. After eight airman died from drug abuse from August 1970 to February 1971, the Air Force established a Drug Abuse Council, a central Drug Abuse Office, and a 7th Air Force Drug Workshop to discuss approaches to the problem. It also briefed commanders on the importance of understanding drug abuse and reviewed its current policies. The Air Force focused on a rehabilitation program for its 36,000 airmen in Vietnam. When an airman was discharged for drug abuse, the Air Force would send the abuser to a rehabilitation program at a Veterans Administration Hospital. The Air Force's amnesty program, which employed aggressive efforts to identify drug abusing airmen, permitted the Service to pursue a more effective and intense rehabilitation program. However, since the Army operated an anonymous program (a soldier's records

Record Group 472, National Archives and Records Administration at College Park, College Park, MD.

⁶ "Senator Hits Marking of Records: DoD 'Brands' Drug Dischargees," Stars and Stripes, 2 March 1972, unknown page number; USARV Drug Plans and Programs Branch, General Records, Box 1; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

were not initially marked), this prevented the Army from pursuing similar effective rehabilitation efforts.⁷

Announcing a command-wide rehabilitation policy, USARV began a substantial effort in September 1971 to eliminate the drug abuse problem and help drug abusing soldiers. While not responsible for rehabilitating soldiers, MACV fulfilled an important part of the rehabilitation process by operating the urinalysis program.

Spread across Vietnam, many subordinate units were hard to communicate with, and many soldiers did not hear about Army programs. For example, the Army created a rehabilitation center, called the Pioneer House. Treating about 410 personnel at a time, about 90 percent of whom were heroin abusers, the Pioneer House helped enlisted men who were not hard-core addicts, but needed support through the drug withdrawal period. The Pioneer House commander spent much of his time traveling, educating, and persuading commanders the program was a "good approach to the problem."⁸

The Army's controversial amnesty program, which some commanders implemented, inspired controversy among the ranks. Two examples of this frustration are Appendix I and Appendix J, which show cartoons that reveal the contempt many non-drug abusing soldiers had for the program. Not until January 1972 did MACV institute an amnesty policy forcing commanders to grant exemptions to drug offenders who sought help on their own or who were involuntarily identified in a urinalysis screening. Exemptions allowed a commander to exempt the abuser from punishments designed to deter and punish drug abusers. An important change was that commanders had to grant multiple exemptions if the criteria, mentioned previously in this chapter, were met. Many

⁷ Minutes of MACV Drug Abuse Suppression Council Meeting.

commanders did not follow this guidance, resulting in "a number of unfavorable [media] articles." In response to the press reports, MACV reiterated its guidance to the subordinate commanders.⁹

Amnesty also involved so-called "amnesty boxes." The PM recommended these easy-access boxes be secluded to provide anonymity. While these depositories allowed soldiers to dispose of narcotics, other drugs, and contraband without arousing suspicion, no evidence proved these boxes prevented drug abuse, or encouraged existing drug abusers to quit.¹⁰

MACV's testing policy varied widely throughout the War's remaining two-and-a-half years. Implemented in Vietnam during June 1971, urinalysis used one of three tests to screen urine samples for a variety of drugs, including opiates. To MACV's credit, it initiated a drug testing policy a year before the DOD implemented a worldwide random-testing program. While the policy was always changing, at times it included the following: testing in-coming personnel, surprise unit inspections, quarterly unit sweeps (100% testing), testing Drug Abuse Program staff members and security personnel, follow-up testing, testing soldiers departing on leave and R&R, testing individuals extending their Vietnam tour, testing reenlistments, testing personnel eight to ten days before they departed (Pre-DEROS [Date of Expected Return from Overseas] Testing),

⁸ Ibid.

⁹ Letter from Brig Gen R. G. Gard Jr., to Brig Gen Robert J. Koch, 22 February 1972, (Gard was the Director of Discipline and Drug Policies, while Koch was the Deputy Chief of Staff, Personnel and Administration, USARV); USARV Drug Plans and Programs Branch, General Records, Box 2; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹⁰ PM After Action Report, 1972; USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

testing personnel at the replacement unit who would return to the United States (DEROS Testing), and random testing as personnel were boarding a plane to depart (Gang-plank Testing).

Much to USARV's frustration, MACV eventually tested only soldiers under twenty-nine years old during random unit tests. MACV correctly surmised that nearly all drug abusers were twenty-eight years old or younger. As urine tests consumed time, personnel, laboratory and transportation equipment, and money – depending on the test equipment a test cost anywhere from 25 to 90 cents just for the chemicals – MACV decided to stop testing men twenty-nine years old and older. Unfortunately, this new program only fueled the disconnect and distrust between career soldiers and young enlisted troops.¹¹

Rife with problems, urinalysis testing alone was not MACV's vehicle to end drug abuse. Rumors circulated that soldiers could buy uncontaminated urine at testing locations, or that they could intercept the urine shipment before it reached the laboratory and replace their sample. In other examples, upon learning the testing team had arrived at their unit, some soldiers, at least 5-10 percent, disappeared during the testing day. Moreover, in 1972, MACV requested an exemption to the Pacific Command's policy of random testing.¹² Offering and receiving permission to test its units on a regular basis

¹¹ MR II, "Drug Abuse Newsletter," no 1, 19 December 1971; USARV Drug Plans and Programs Branch, General Records, Box 2; Gibbert R. Kaats, "Drug Education Briefing Team Report," HQ U.S. Military Assistance Command, Thailand, 18 September 1971; General Records, Box 6; both in Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹² Message, "Drug Abuse Testing Program," 21 August 1972; USARV Drug Plans and Programs Branch, Administration and Statistics, Box 2; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

several times a year, MACV missed the purpose of random urine screening. Knowing when the test would occur, many soldiers simply did not use drugs before the test.

Often returning false positives, urinalysis testing was not always accurate. To fix this, any individual who tested positive on an involuntary urinalysis test had to undergo a physician's examination that would provide a clinical evaluation.¹³ After a positive identification, the soldier had to undergo treatment.

Men who self-reported to the exemption program for abusing heroin in late 1970 could attend the a special rehabilitation facility. Called Crossroads, this unique facility took the abuser through a fourteen-day program and concentrated on rehabilitation and physical activity, which often proved successful.¹⁴

However, if a soldier was identified during urine screening he was sent to a Drug Control Center (DCC). These centers became more necessary as the urinalysis program increased in size and placed a considerable load on the Army's rehabilitation system. After arriving at the DCC, the personnel there would send an abuser to a specific Drug Treatment Center (DTC) or Drug Rehabilitation Center (DRC) depending on the abuser's desire to reform.¹⁵

Two DTC facilities, one at Cam Ranh Bay and the other at Long Binh, treated 150 soldiers at a time and took them through their serious withdrawal symptoms. During

¹³ Message from the Commander MACV to the U.S. Army Pacific Commander, 29 December 1972; USARV Drug Plans and Programs Branch, Administration and Statistics, Box 3; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹⁴ "Crossroads DRC," c. 1971; USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹⁵ "Operations, Drug Control Center," c. 1972; USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

their five-day stay, soldiers entered a structured program, which included group therapy and Chaplain participation. Its biggest obstacle was interracial problems when some African-American patients sometimes assumed their inclusion in a drug rehabilitation program was racially determined. Developing between black and white patients, cliques within the Centers inhibited the treatment process.¹⁶

Designed to take the soldier through an extended program, DRCs began operating in January 1971. One of twelve centers would receive abusers from the DCC, and treat them from five to fourteen days. Each facility varied in capacity from ten to seventy-five, and from an informal to a rigid schedule. The informal environment attracted negative attention, even though no evidence demonstrated it was less effective, so by September the military tried to standardize these facilities. Funding these facilities drained USARV's resources, and it requested help from the Army's Pacific Command, which supplied \$400,000 that partially covered the operating costs.¹⁷

A DTC carried the significant "LOD NO" determination, which meant that their rehabilitation was not in the Line of Duty. Carrying significant consequences, this label could extend a soldier's service commitment or reduce his pay. As a result, soldiers did not want to attend a DTC where they lost time and pay, were physically restricted, and only received minimal rehabilitation effort. Drug abusers thought the first few days in a DTC "can be hell...you can't lie down, you can't stand up, you can't sit up...you can't get comfortable." Soldiers soon learned that a DRC was much better than a DTC. Abusers in a DRC volunteered, did not lose time or pay, were not physically restricted,

¹⁶ Fact Sheet, "Drug Abuse," 16 September 1971; USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

and stayed for an intense fourteen-day rehabilitation program.¹⁸ After completing either program, soldiers returned to their units. However, if their commander did not designate a unit counselor that the DRC supported, it was likely the abusers would again abuse drugs.

Realizing many drug abusers were returning from DTCs with little hope of recovery, the Army changed its policy in April 1972 to afford every soldier a rehabilitation opportunity. After an abuser attended a DTC, he could still attend a DRC if he displayed "rehabilitation potential."¹⁹ In another significant step to rehabilitate, detoxifying abusers were labeled "LOD NO" USARV-wide until June 1972, when the Army determined that a detoxifying drug abuser destined to return to the United States or to their unit would be "LOD YES," which stopped punishing drug abusers.²⁰

Assisting commanders, the Drug Abuse Holding Center (DAHC) detained drug abusers while the commander processed their administrative discharge, if the commander wanted. However, the DAHC soon filled to capacity, forcing commanders to hold onto the drug abuser. The USARV's policy was to discharge recidivists who were not

¹⁷ Ibid.

¹⁸ "Deletions, Fallacies," undated; USARV Drug Plans and Programs Branch, General Records, Box 1; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

¹⁹ Message from Brig Gen Robert J. Koch, "Change in Policy for Admittance into a Rehabilitation Center," 2 April 1972; USARV Drug Plans and Programs Branch, General Records, Box 2; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²⁰ Message from the Chief of Special Actions Division, 21 June 1972; USARV Drug Plans and Programs Branch, Administration and Statistics, Box 2; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

productive, ignored their duty responsibilities, or did not respond to rehabilitation efforts.²¹

Commanders gained greater authority as stopping drug abuse proved an elusive problem. For example, in March 1972, commanders could decide to send an abuser directly to a rehabilitation center. Rehabilitation centers operated at capacity, and many abusers, most of whom demonstrated no rehabilitation potential, never attended a DRC.²²

Tracking rehabilitated drug abusers revealed several important lessons to USARV. Treating drug abusers at DTCs was not always effective. After surviving the miserable experience, soldiers returned to their units that often did not have a unit counselor, which was critical to their rehabilitation. Left to their own devices, many abusers began using drugs again. However, the 60-percent, one-month relapse rate was lower than the 75-percent rate civilian programs experienced. What helped, besides a unit counselor, was the rate at which the former abuser was re-screened. Soldiers were drug tested weekly until they had eight consecutive negative tests, which was followed by semi-monthly tests until the abuser returned to the United States. This short re-testing period proved more effective than less frequent testing schedules.²³ Then during the drawdown, increasing patient loads due to the fewer number of rehabilitation staff, the DTC shortened its detoxification period to 3-5 days from its previous 5-7 days. Civilian experts were suggesting it took a minimum of three weeks in a drug free environment to

²¹ Fact Sheet, "USARV Drug abuse and Rehabilitation Program," 10 March 1972; USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²² Ibid.

²³ Message from Col John H. Von Der Druegge, "USARV Drug Follow-up Program," 5 July 1972; USARV Drug Plans and Programs Branch, Administration and Statistics, Box 3;

detoxify a drug abuser. Thus, the DTC program, already of limited value, became even weaker.²⁴

Beginning in late 1972, among prospects of a immanent peace treaty, the USARV closed the centers and began evacuating drug abusers to the United States. Only drug abusing soldiers who expressed a sincere desire to stay and whom their commander determined filled a critical role could remain.

In contrast to the USARV's program, the Air Force detoxified drug abusers at a Vietnam facility, and then evacuated them to the United States for rehabilitation treatment. Prior to opening its facility in June 1971, the Air Force detoxified patients locally at base hospitals. As of November 1971, the Air Force had treated 415 airmen at its detoxification facility. Its detoxification program was also 3-5 days, or until the abuser had two negative urine tests in a row. Even though the Army had half a million troops stationed in Vietnam at its peak, the Army's program eclipsed the Air Force's. Through November the Army treated 14,359 patients at its DRCs and more than 5,500 at its DTCs.²⁵

USARV commanders could not agree on what they should do with a rehabilitated drug abuser. First, a rehabilitated drug abuser wanted to be reassigned because he often felt that people no longer respected him and that he needed a fresh start. Opposing this idea, commanders had enough problems working with their own troops and did not want drug abusers who showed "no rehabilitation potential" transferred into their units. They

Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²⁴ Message from U.S. Drug Treatment Center, Long Binh, "Medical Activities Report," 28 June 1972, USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

cited that a "significant number" of positive urine tests came from in-country transfers and complained that transferring former drug abusers only delayed an eventual discharge, relieved commanders whose units had drug abusers from their responsibility to solve the problem, and forced gaining commanders to deal with increasing administrative burdens. The Army tried both ideas, neither with significant success. In the summer of 1972, the USARV simplified its procedure and evacuated drug addicts if they were within sixty days of returning to the United States.²⁶

Drug education, a major emphasis from the top, proved fruitless without being taken seriously by individual unit commanders and by the troops themselves. By mid-1971, the Army, Navy, and Air Force were educating their troops, to varying degrees, on drug abuse dangers. They all used literature, drug education movies, and briefings.

The combined MACV and USARV education program used films, advertisements on radio and television programs, flyers targeting Americans (see Appendices E and F), flyers targeting LNs (see Appendices K and L), in-flight movies for in-coming personnel, and eventually included drug education briefings for replacement troops. One such program involved MACV and USARV Drug Education Field Teams (DEFT) that traveled to units and conducted programs tailored to their audiences. These teams concentrated on drug characteristics, laws, and punishments. Enlisted troops in the grades E1-E5 learned preventative measures, while higher ranking NCOs and officers learned about leadership aspects and drug prevention and rehabilitation. On the other hand, USARV teams emphasized the exemption program and the facts regarding drug

²⁵ General Accounting Office Review of Drug Abuse Program in Vietnam, pp. 25-26.

and alcohol abuse. However, during the education program, the USARV and MACV again grouped drug and alcohol abuse.²⁷ At the same time, Army regulations and education programs were associating the two. As a result, young soldiers who watched their superiors widely abuse alcohol thought that marijuana and heroin abuse was tolerated.

Providing USARV with a valuable insight in early 1972, DEFTs noticed that teams were normally well received. Units that did not receive the teams well had the lowest attendance, the poorest drug abuse attitudes, and most had high drug abuse rates. Commanders who did not take drug abuse seriously were less likely to schedule a DEFT briefing.²⁸ As a result, the units that often needed the information the most did not receive it.

Sharing their policies with each other, the Services tried exchanging their ideas; and, by February 1971 the USARV and MACV began separating its marijuana educational programs from its narcotics and dangerous drugs program. Trying to persuade men not to use illegal drugs, it provided information about each drug category. Moreover, it tried to convince most young soldiers that drugs abuse did not equate to alcohol abuse—drugs were much worse. For the first time, the military targeted one of the fundamental differences of opinion that existed. Without breaking down this alcohol-

²⁶ Message from Col Clyde W. Spencer, Acting Chief of Staff, 27 June 1972; USARV Drug Plans and Programs Branch, General Records, Box 1; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²⁷ Joint Message from USARV, "Drug Education Program," November 1971; USARV Drug Plans and Programs Branch, General Records, Box 6; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

²⁸ Message from Col C. C. Allison, to all USARV Units, "USARV Mobile Drug Education Teams," March 1972; USARV Drug Plans and Programs Branch, General Records, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

and-drug paradigm, most other drug reduction policies would be ineffective. MACV expanded these education programs and with General Abrams' leadership, Military Assistance Commands throughout the Pacific modeled their programs after MACV's example.²⁹

During late 1970 and early 1971, both the Air Force and the DEFTs began pursuing education programs that included presentations by former drug addicts. About this time, commanders began to see that education classes were more effective if young soldiers who were ex-abusers presented the topic to other young soldiers, who they trusted more than NCOs and officers.³⁰ However, the Air Force and Army had initial problems finding enough ex-abusers to supplement its education programs.

While USARV was responsible for the rehabilitation of its troops, MACV was responsible for the drug enforcement program and organization (see Appendix H). While aerial suppression did little to prevent marijuana from falling into the hands of American GIs, it did continue to provide impressive statistics. These numbers allowed MACV to project the impression that its drug-reduction programs were effective, since managing the numbers called for impressive statistics.

Attempting to study the effectiveness of aerial suppression and to enact a "more comprehensive plan," MACV's Drug Abuse Task Force was unable to determine if the

²⁹ Memorandum from Jerome H. Jaffe, 13 November 1972, (Dr Jaffe was the Director of the Special Section Office for Drug Abuse Prevention); USARV Drug Plans and Programs Branch, Administration and Statistics, Box 3; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

³⁰ U.S. Congressional General Accounting Office Review of Drug Abuse Programs in Vietnam; Drug Abuse Form 3711-R, Quarterly Drug Abuse Data Report to Commander in Chief, US Army Pacific, 1 January – 31 March 1972; both in USARV Drug Plans and Programs Branch, Administration and Statistics, Box 3; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

helicopter search program had an impact on total RVN marijuana supply. In the fall of 1970, MACV told the commander of Pacific Command that it was "almost impossible to measure" its effectiveness in "meaningful terms."³¹ The same report was willing to sacrifice the combat front for the second front by suggesting that aerial suppression would "be easier to support in the future if combat operations continue at a moderate pace."³²

Problems continued to plague the program and, by early 1971, MACV's most senior commanders realized the marijuana search program was "no longer discovering large fields of marijuana."³³ During the drawdown, an aircraft modernization program and a reduction in aircraft parts funding prevented full aircraft support. Second, visual observation was still proving perilous over enemy-controlled territory. "Military demands" for helicopters continued to relegate the program to a secondary status, often taking its most valuable resource (the helicopters) when it was going to conduct a mission. Trained military personnel had a high turnover rate, and visually spotting marijuana fields required experienced spotters. As a result of these problems, the Chief of the PM's Drug Suppression Division, Lieutenant Colonel William Dearborn, determined aerial suppression was only a "limited success."³⁴

³¹ Commander MACV message to Commander in Chief Pacific, "Drug Suppression Information," September 1970, (written by LTC Peter Slusar and Maj Robert King who were both PMs); USARV Drug Plans and Programs Branch, General Records, Box 1; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

³² Ibid.

³³ Minutes of MACV Drug Abuse Suppression Council Meeting.

³⁴ William H. Dearborn, letter to Joseph Lintz, 19 August 1971 (LTC Dearborn was the Chief of the PM's Drug Suppression Division, and Joseph Lintz worked at the Mackay School of Mines, Geology Department, at the University of Nevada, in Reno); USARV Drug Plans and Programs Branch, Administration and Stats, Box 4; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

Realizing he had to do something different and not willing to give into the “withdrawal mentality” or a feeling of hopelessness that was sweeping the military, Dearborn explored using new technology in aerial photography and photo interpretation to detect marijuana cultivations. He contacted Joseph Lintz, a consultant to California law enforcement authorities who were already experimenting with new detection techniques. If successful, Dearborn hoped to conduct wider and more careful searches.³⁵

However, two obstacles remained in Dearborn’s path. The cameras were expensive and not MACV’s top priority considering the gradual withdrawal. After finally overcoming this hurdle in February 1972, just a year before America’s role in the War ended, the Department of Agriculture provided MACV a 12S Multiband Camera for a High Altitude Marijuana Aerial Detection System. Over two days, a navy jet used the camera to take pictures over several areas. The second obstacle surfaced when they realized they did not have a “key” or interpretation tools to determine which fields contained marijuana plants. A month later, MACV sent out an urgent request to several units requesting information on any known marijuana fields. MACV only had thirty more days to use the camera, create a “key,” and detect marijuana fields before returning the camera.³⁶

Employing its own marijuana suppression efforts, the GVN continued to pay informants for each and every plant located and destroyed as a result of their information. During the first six months of 1971, the NP destroyed about 300,000 marijuana plants.

³⁵ Ibid.

³⁶ Message from the Commander MACV, 10 March 1972, USARV Drug Plans and Programs Branch, General Records, Box 2; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

However, it discovered that the lenient penalties for growing marijuana did "not appear to be effective deterrents."³⁷

Published in December 1970, MACV Directive 190-4 instituted the Joint Customs Group (JCG). MACV thought that by mid-1971 it would be "very effective" in searching individuals, conducting Post Office Customs inspections, and inspecting household baggage. However, lacking trained personnel and appropriate equipment, as every new military unit did, MACV reasoned it would take several months for the JCG unit to develop its teams of troops and search dogs.³⁸

The MP units were also critical to MACV's suppression efforts. Many LNs worked on military installations and also were responsible for dealing drugs. Despite their cheap price, drugs created a substantial profit for poor Vietnamese and children who sold drugs to American troops. Restricting and tracking LN movement in early 1970, MP units began tightening access to military bases. Many drug abuse problems happened off post with LNs, with whom MPs had no authority. In response, MPs tried to initiate close ties with their Vietnamese counterparts. Even if a MPs' counterparts were not corrupt, often other LNs that worked with their counterparts were, which hampered their efforts. At the same time, recognizing the potential for a significantly increased caseload, the Criminal Investigation Division (CID) began preparing to increase its investigation capabilities.

Conducting an experiment to prove how readily available drugs were, Major James Reilley, the chief of the Drug Abuse and Suppression Division in the PM's office,

³⁷ U.S. Congressional General Accounting Office Review of Drug Abuse Programs in Vietnam, p. 46.

³⁸ Minutes of MACV Drug Abuse Suppression Council Meeting.

dressed in a Specialist's (enlisted soldier's) uniform and with a former heroin addict purchased a quarter gram container of "almost pure heroin" from a ten-year-old boy; one vile of amphetamines from a nine-year-old boy; twenty marijuana cigarettes from an "old lady" at a cigarette stand; and one hypodermic syringe from a teenage boy. While all of the prices were cheap, the former heroin addict remarked after their experiment, "They saw you coming, I could have got it cheaper." Reilley notified the local officials and CID.³⁹

Despite previous unsuccessful efforts, two joint efforts involved increasing inter-governmental cooperation. In mid-1970 the commander of Vietnamese forces in MR I, initiated an Anti-Narcotics Enforcement Committee. The other three MRs would follow with their own coordination committees. Second, American and Vietnamese forces formed a massive Joint Narcotics Investigation Detachment (JNID), which combined the CID (Army and Marine), Office of Special Investigations (Air Force), the Naval Investigation Service, and Drug Attaché (BNDD) resources to work with the South Vietnamese Army and NP investigators (see Appendix G). In 1971, TAN TURTLE, a top-secret operation began to collect data among the JNID, the Defense Intelligence Agency, and a variety of other organizations to answer the following questions: Was the enemy trafficking in drugs? Was the enemy trafficking in drugs to subvert or debilitate American forces? Was the enemy using drugs to finance its war materials? Despite its

³⁹ Message from Maj James J. Reilley to MACV PM, 2 January 1971; USARV Drug Plans and Programs Branch, Administration and Stats, Box 4; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

high-profile status, TAN TURTLE goals remained unrealized even though it built a significant database.⁴⁰

Several ideas surfaced in late 1971 that showed considerable imagination, but also demonstrated that MACV was unable to understand the comprehensive drug problem. In one such case, MACV tried to initiate a Turn-in-the-Pusher Program (TIP). TIPs financially rewarded soldiers who turned in other drug-pushing soldiers. Hence, it assumed that soldiers purchased drugs from other soldiers and that these dealers pushed soldiers to use drugs. However, MACV's survey evidence had already shown that LNs sold drugs to soldiers and that most men tried drugs for other reasons than peer pressure. The assumptions MACV based TIPs on were wrong. Moreover, nearly all reports that the PM's office received were from soldiers holding the rank of E-6 or above and were twenty-five years old or older. TIPs would not have encouraged more E-6s and above to report "juicers." Subordinate units in MR IV previously initiated a TIPs program in August 1971. However, they regarded it as unsuccessful. Further hampering any potential MACV-wide program, MACV did not have the funds or the authority to reward informants. Countering this problem, proponents suggested sending informants home after turning in an abuser. Within a month, both the Acting Deputy PM and the PM recommended not initiating a TIP program directed at American servicemen.⁴¹

⁴⁰ Fact Sheet, "Suppression of Drug Trafficking into Vietnam," c. 1972; Memorandum from Maj E.N. Buesing, USMC, "Effective Utilization of Tan Turtle, 28 January 1972, (Buesing was a Narcotics Officer); both in USARV Drug Plans and Programs Branch, Administration and Stats, Box 3; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

⁴¹ Decision Paper from Acting Deputy Provost Marshal, "Turn-in-the-Pusher Program," 2 January 1972; USARV Drug Plans and Programs Branch, Administration and Stats, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

During these final years, managing drug abuse yielded few results. With the increasing criticism all MACV could do was manage the drug-abuse numbers to pacify its critics. MACV began reacting to daily statistics, which did not provide it with accurate trends to which it could respond at the broad operational level. Through 1970 and 1971, each echelon command had an insatiable demand for drug abuse data and reports. One commander, Major William M. Sutton, wrote in his after action report that these requests were the "single biggest, most burdensome, and sometimes unreasonable, problem encountered." Commanders were so busy trying to fill MACV's data requirements that they had little time to handle the problem at their level. Daily, weekly, and monthly reports hampered commanders and required such detailed statistics that MACV was unable to see the bigger, more important picture.⁴²

Sutton criticized the Army's policy for its late development in addition to several other important shortcomings. Displaying "lack of foresight," he admitted the drug program, which was implemented by the USARV, did not recognize the importance and scope of the RVN drug problem. Moreover, the policy creators tried to fit "this new dynamic program under existing staff organization and personnel instead of forming an *ad hoc* organization with functional, fully-manned branches." Excessive delays, including the late publication of the USARV drug abuse manual, prevented the policy from developing much more rapidly and smoothly. Finally, the program lacked

⁴² William M. Sutton, "After Action Report, USARV Drug Abuse and Rehabilitation," c. early 1972; USARV Drug Plans and Programs Branch, Administration and Stats, Box 5; Record Group 472; National Archives and Records Administration at College Park, College Park, MD.

originality and imagination, simply trying to put out “brush fires” rather than directing a comprehensive solution to the drug problem.⁴³

Internal suggestions from troops recommended an easy way to alleviate boredom and hence reduce drug abuse: increase recreation activities, entertainment, and physical activity for support areas and base camps. Without a purpose and restricted from many “off-limits” areas, soldiers had no worthwhile activities.⁴⁴ Despite these suggestions, MACV initiated no activity programs to combat boredom.

During the Vietnam War’s final three years, MACV and the USARV had to invent their policies and programs because they received little direction from the DOD level. As a result, MACV and USARV overemphasized the importance of statistics and initiated policies and programs that only managed drug abuse *by the numbers*. While drug abuse rehabilitation, education, and enforcement demonstrated some potential, they were not fully implemented and hence were not effective.

⁴³ Sutton.

⁴⁴ Major Nelson’s Briefing.

Conclusion

Set in motion at the outset of the Vietnam War, drug abuse haunted the United States Army. Appearing early, drug abuse went unnoticed, grew in size, and eventually hampered the Army's battlefield effectiveness – its first front. The war against drug abuse became the Army's "second front."

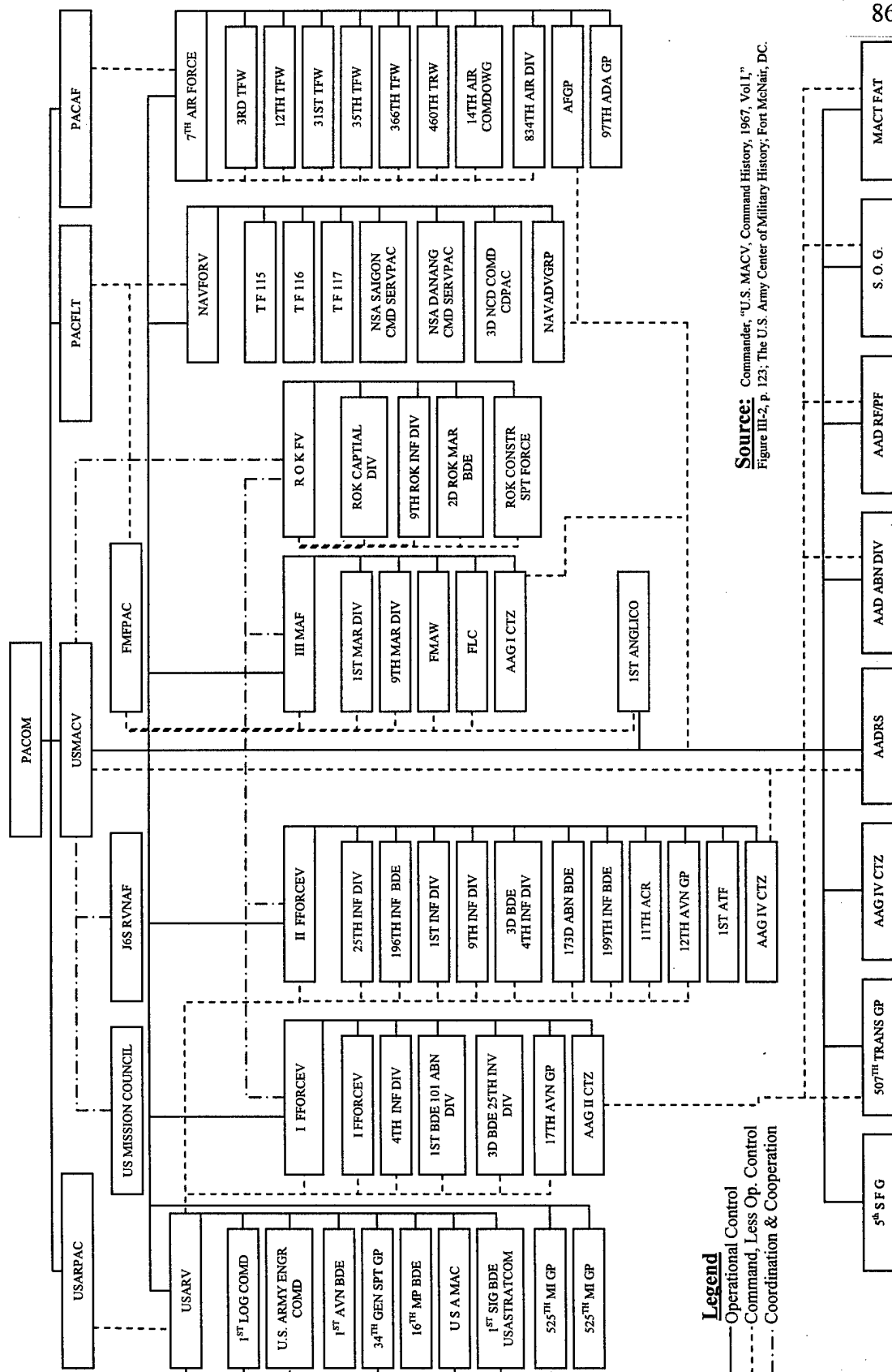
Despite all its efforts, MACV made several mistakes in addressing the ever-increasing drug abuse problem. Ignoring the Army's history with drug abuse, MACV did not adopt innovative policies in its efforts to stem drug abuse, but preferred to "manage by the numbers" on this second front, just as it did on its first front. Thus, drug abuse became a widespread problem within the ranks because it did not receive sufficient command attention at the outset. When commanders finally realized the problem's scope, they did not have a clear understanding of the problem nor did they employ the

necessary resources to abate drug abuse. Out-of-control drug abuse forced MACV into managing the numbers, not the problem, thus creating the perception it had effective policies and programs.

While MACV was unable to stem the tide of drug abuse, its efforts were more than most civilian organizations or governments were doing worldwide. Of course, military units in a dangerous combat environment needed high standards to protect the troops, maintain discipline, and accomplish the mission. MACV had a much narrower margin for error than the American civilian population, which was also using and abusing drugs.

Not until too late did MACV grasp the full magnitude of the dangers that drug abuse created in accomplishing its first front mission. *The front beyond the battlefield* developed as soldiers began accepting drug abuse (1965-1967). Then during the *transition* years (1968-1969), some MACV commanders recognized, but did not respond successfully to the obvious drug abuse problem. Concentrating on the statistics and not the problem (1970-1973), the Army managed drug abuse *by the numbers*, and was merely creating the impression that it was handling this second front.

Appendix A – Pacific Command's (PACOM) Organization



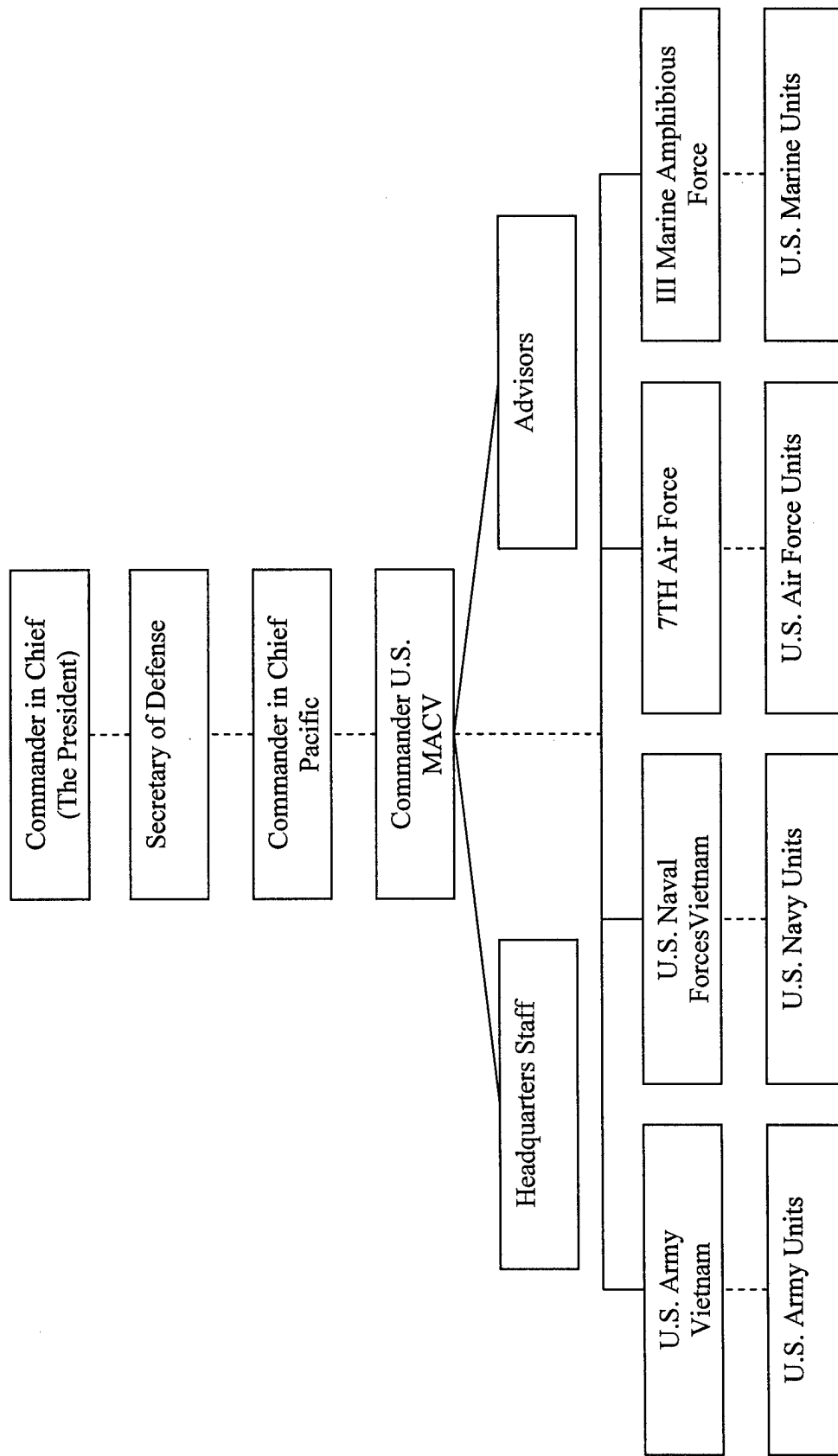
Source: Commander, "U.S. MACV, Command History, 1967, Vol I," Figure III-2, p. 123; The U.S. Army Center of Military History, Fort McNair, DC.

[illegible]

Legend
 — Operational Command
 - - - Planning and Coordination
 Operational Control

Source: Commander, "U.S. MACV, Command History, 1967, Vol. I," Figure III-1, p. 122; The U.S. Army Center of Military History; Fort McNair, DC.

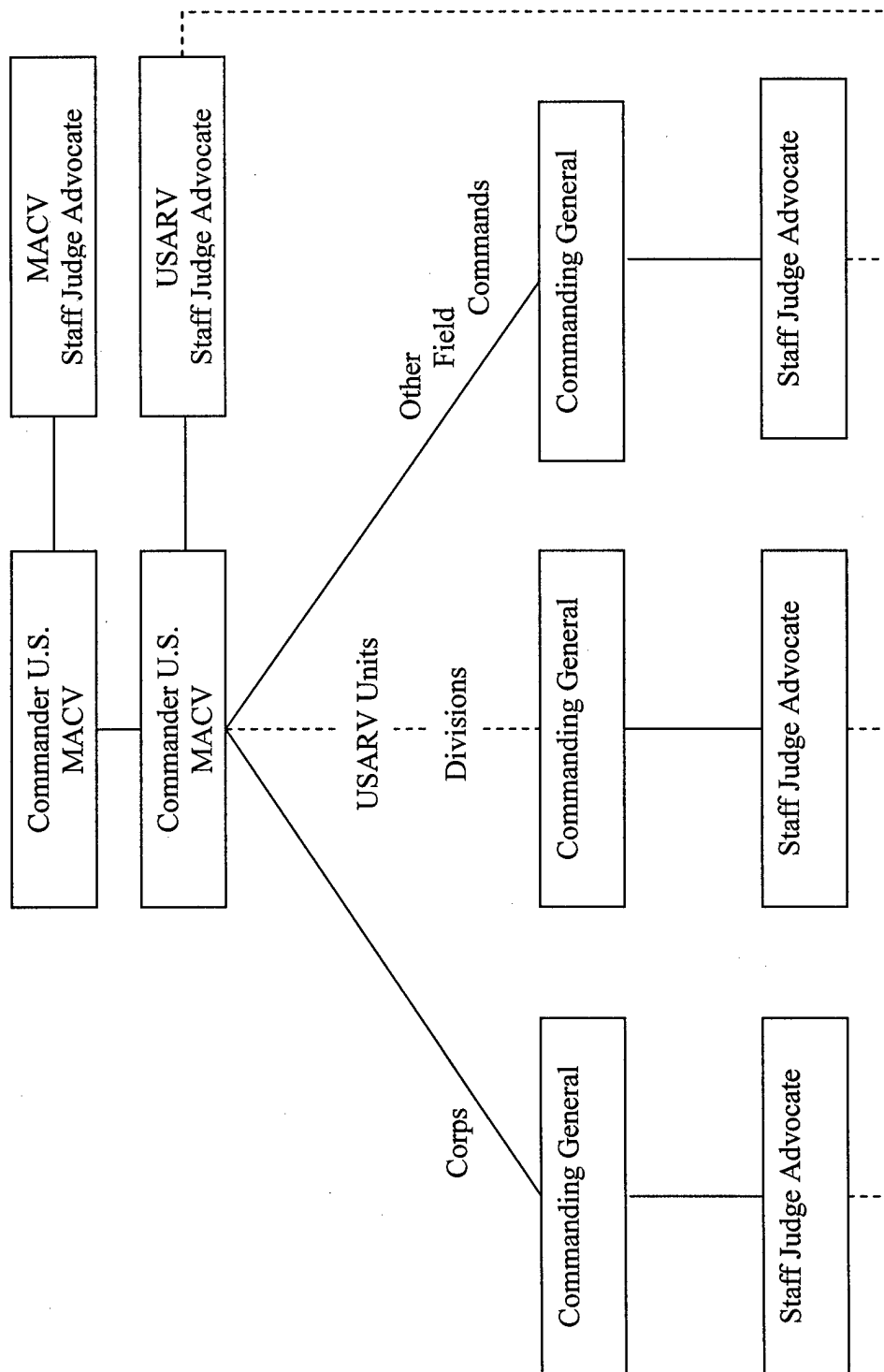
Appendix C – Chain of Command for MACV Operations



Legend
 — Command
 - - - - - Technical Supervision

Source: MG George S. Prugh, Law at War: Vietnam 1964-1973, (Washington D.C.: U.S. Government Printing Office, 1975), p. 6.

Appendix D – Legal Organization of U.S. Army Units, Vietnam



USARV FLYER NUMBER 5-69



USARV Flyer # 5-69, undated, c. 1969, USARV Drug Plans and Programs Branch, General Records, Box 4, Record Group 472, National Archives and Records Administration at College Park, College Park, MD.

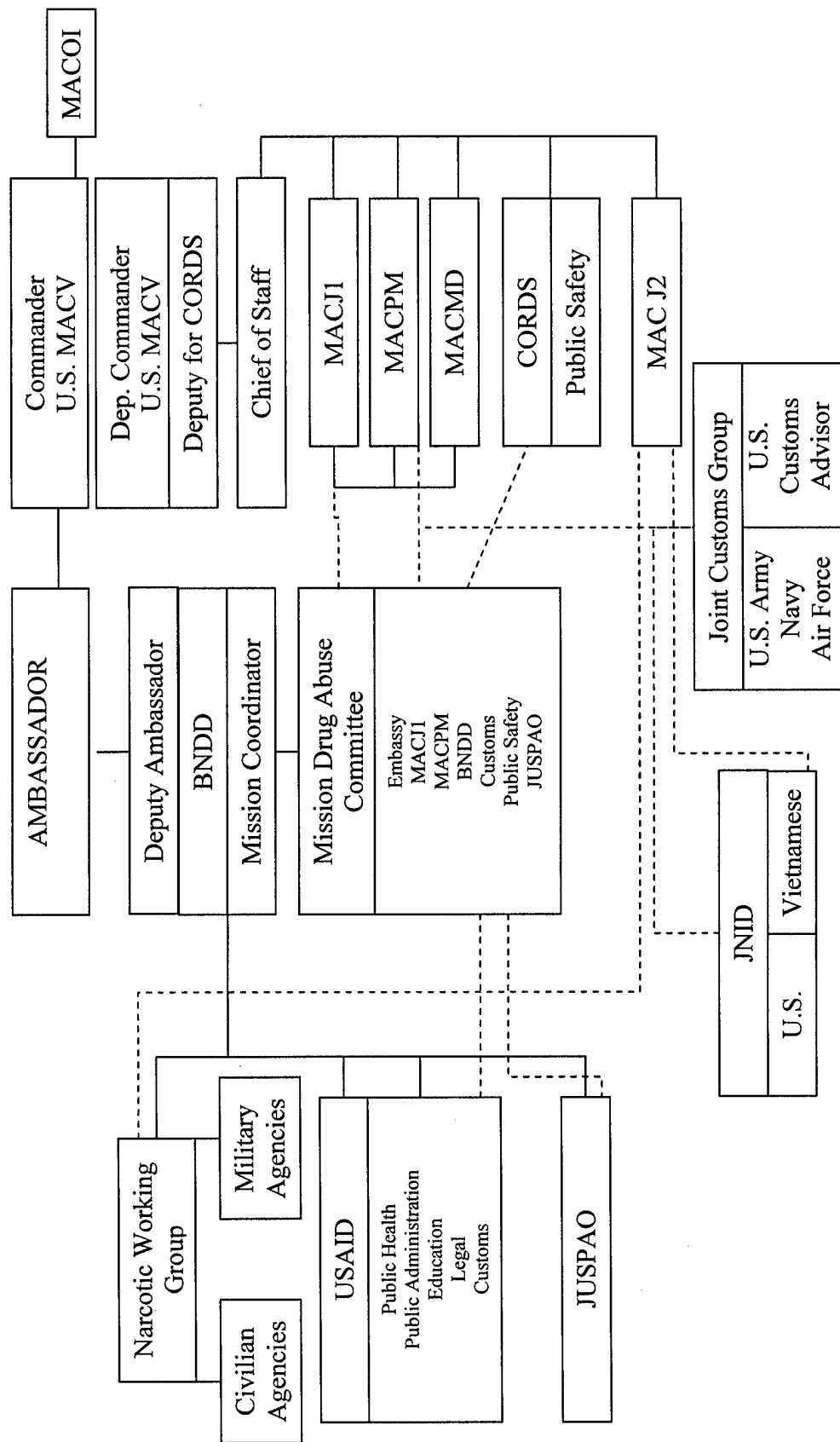
Appendix E – An example of a controversial flyer, designed to appeal to young soldiers and educate them to marijuana's dangers



Information Office, "USARV Fact Sheet," issue # 11-70, 1 September 1969,
USARV Drug Plans and Programs Branch, General Records, Box 4, Record
Group 472, National Archives and Records Administration at College Park,
College Park, MD.

Appendix F – A cover sheet to a marijuana fact sheet, designed to
appeal to young soldiers so they would read the following information

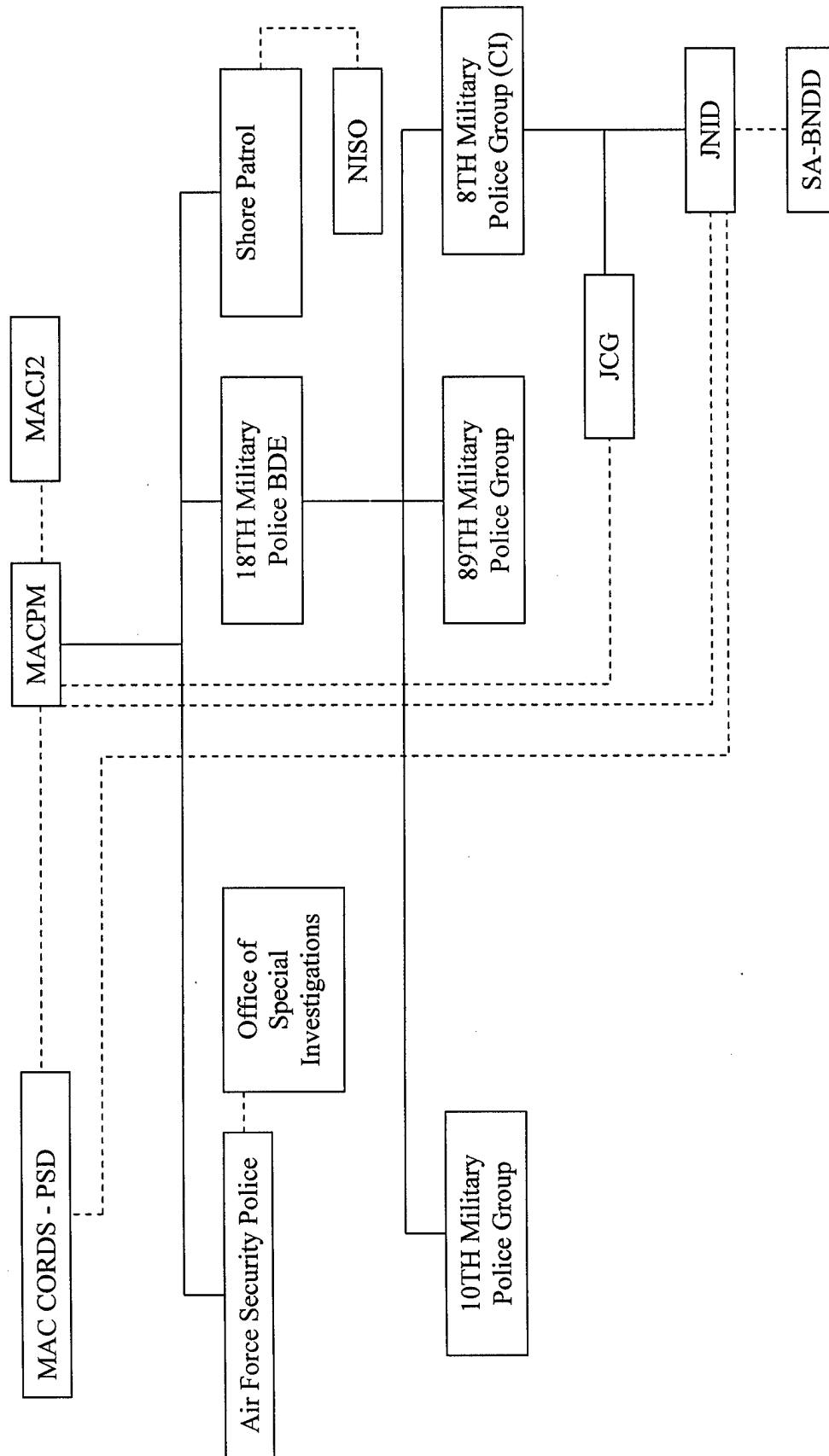
Appendix G – U.S. Mission Organization for Drug Suppression



Legend
 — Normal Coordination
 - - - Direct Liaison

Source: Briefing slide, "U.S. Mission Organization for Drug Suppression," undated, c 1971, MACV Drug Plans and Programs Branch, General Records, Box 4, Record Group 472, National Archives and Records Administration at College Park, College Park.

Appendix H – MACV Drug Suppression Effort



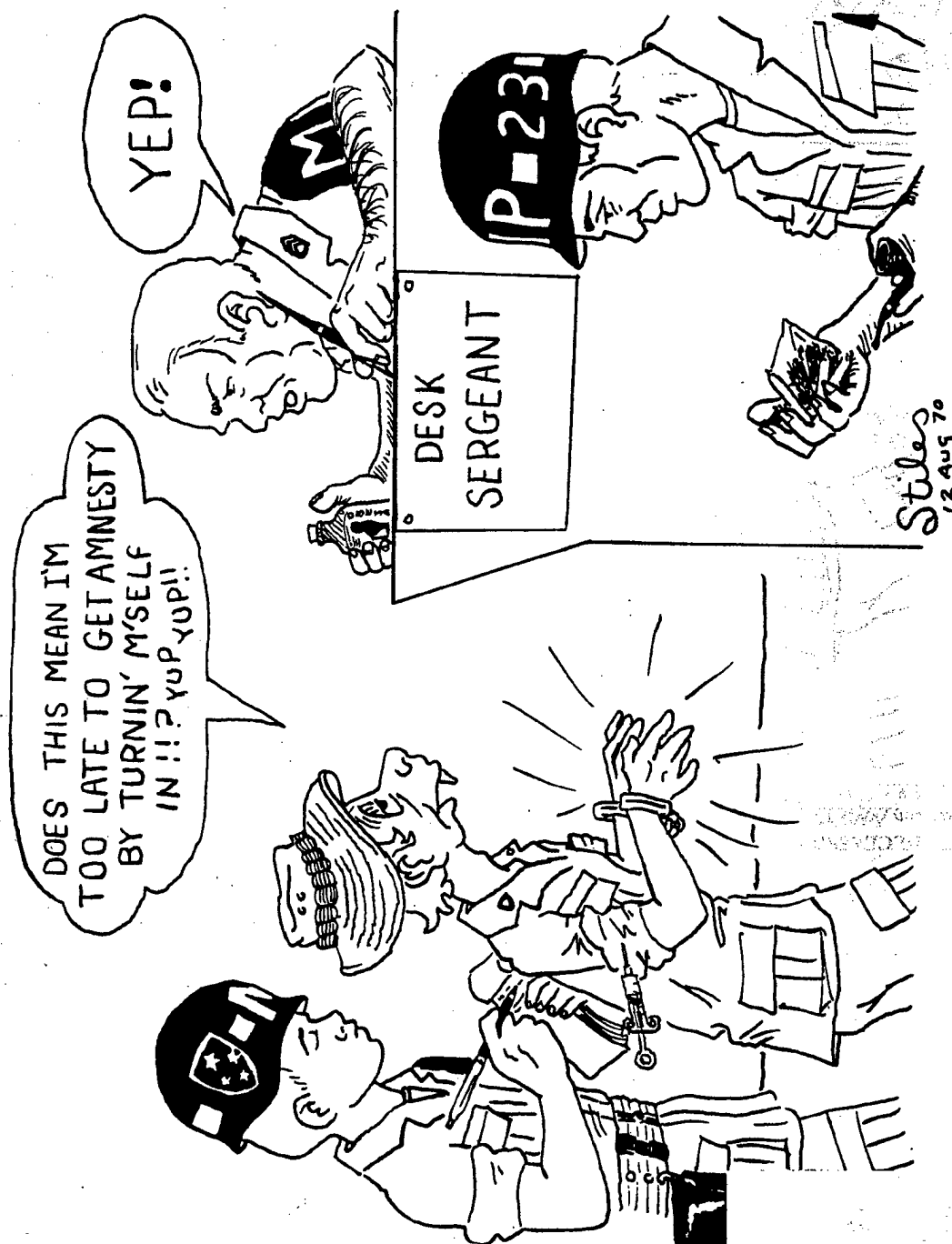
Legend
 — Normal Coordination
 - - - Direct Liaison

Source: Briefing slide, "MACV Drug Suppression Effort," undated, c 1971, MACV Drug Plans and Programs Branch, General Records, Box 4, Record Group 472, National Archives and Records Administration at College Park, College Park, MD.

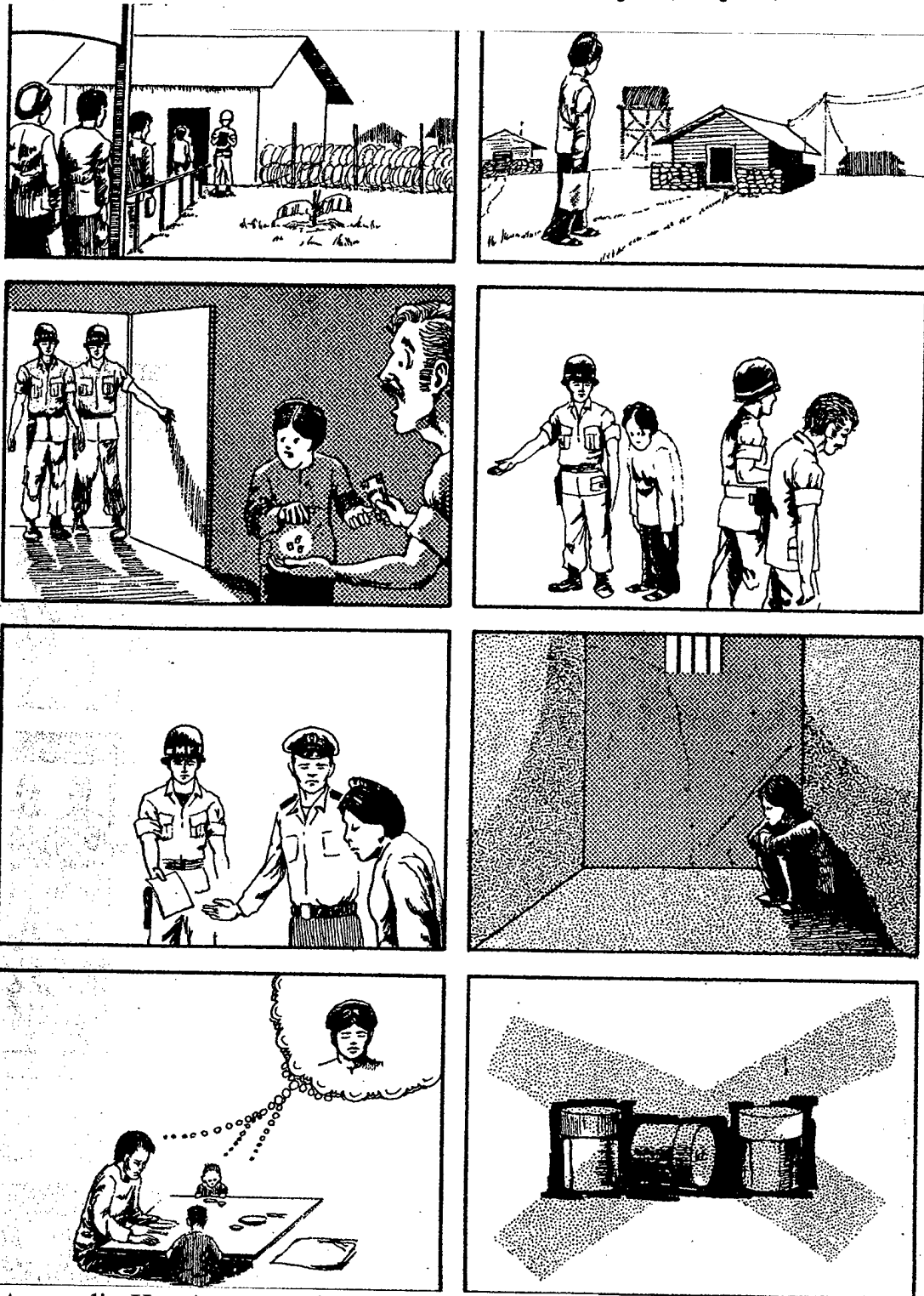


Appendix I – A cartoon widely distributed in a weekly newsletter that displayed the growing anger among soldiers who saw drug abusers go unpunished

Appendix J – An example of cartoon displaying an apprehended drug abuser who was trying to take advantage of the system and get away without punishment

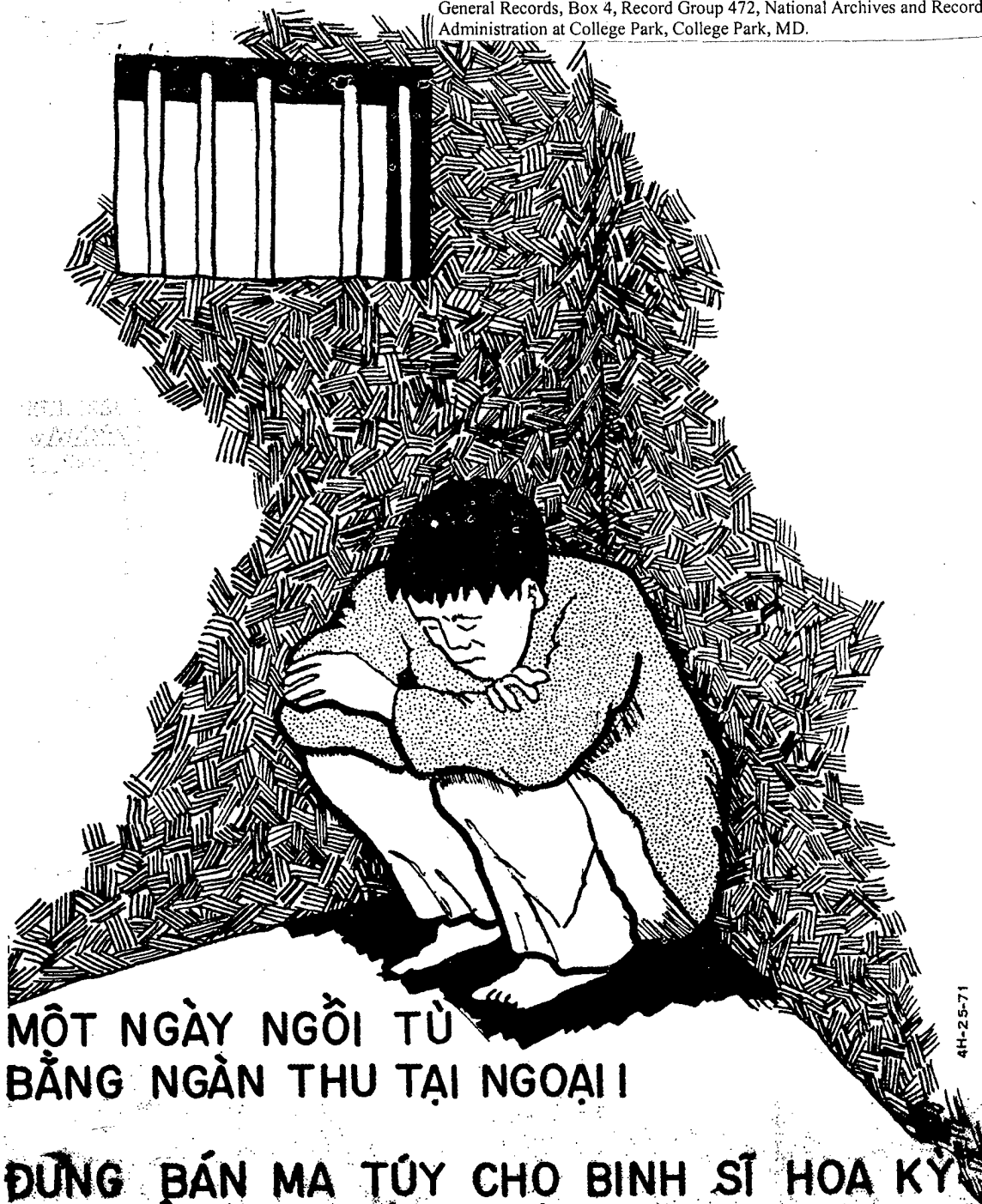


Headquarters Americal Division, "AVDF-PM 2417," 28 August 1970,
USARV Drug Plans and Programs Branch, General Records, Box 4, Record
Group 472, National Archives and Records Administration at College Park,
College Park, MD.



Appendix K – An example of a typical flyer provided to LNs near military bases, warning them not to sell drugs to American troops (notice a LN need not be literate to understand the flyer)

Flyer distributed to LN's, c. 1971, USARV Drug Plans and Programs Branch,
General Records, Box 4, Record Group 472, National Archives and Records
Administration at College Park, College Park, MD.



**MỘT NGÀY NGỒI TÙ
BẰNG NGÀN THU TẠI NGOẠI !**

**ĐỪNG BÁN MA TÚY CHO BINH SĨ HOA KỲ
ĐỂ KHỎI LÂM VÒNG TÙ TỘI !**

ONE DAY IN JAIL EQUALS 1000 DAYS LIVING IN FREEDOM. DON'T SELL HEROIN TO AMERICAN G.I.'S

Appendix L – An example of a typical flyer provided to LNs near
military bases, warning them not to sell drugs to American troops

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